

PROGRAM CONCENTRATION COURSE PLAN

(Must be accompanied by a **written proposal of the rationale**)

NAME: _____ Commodore ID: _____
Last First Middle

Expected graduation term: Fall ___ Spring ___ Summer ___ Expected graduation year: _____

This plan must include AT LEAST 24 hours of course work grouped logically to achieve stated career goals. After approval from the faculty adviser and the Division Director, it is deemed to be a statement of required courses. Any subsequent changes to the plan must be made in writing, in advance of the beginning of the student's graduating semester, and approved by the faculty adviser and the Division Director.

Students may use an additional departmental major as a Program. Normally no more than two introductory-level courses will be counted toward the Program Concentration. Students intending to complete a minor should be aware that only one minor can count in the Program Concentration.

Program Concentration Title: _____

PLAN OF COURSES

DEPT.	COURSE NO.	COURSE TITLE	HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.		TOTAL HOURS:	

Student's signature: _____ Date: _____

Student's e-mail address: _____@vanderbilt.edu

Adviser's signature: _____ Date: _____

Director's signature: _____ Date: _____