GEORGETOWN UNIVERSITY
School of Continuing Studies

DECLARATION OF CONCENTRATION FORM

Student Name: _____ Net ID: _____

GUID Number: _____ GU Email:_____

Degree Program: _____ Graduation Semester:_____

Concentration (One form per concentration):

_____

*Note: Any concentration indicated above must match a concentration listed in the *Graduate Professional Studies Student Handbook* within the program for which the student is registered. Some programs do not have official concentrations. Only official concentrations listed in the Handbook may be indicated on a student's transcript*

Please list below all courses applicable to the specified concentration(s). Students who wish to complete additional coursework for more than one official concentration can cross-count no more than one course (3 credits) between concentrations. A maximum of two concentrations can be recorded on the transcript. This form should be presented to a student's program advisor during the semester in which the student is planning to graduate. Concentrations will be recorded only after all coursework has been completed.

Concentration Course	**Semester**	**Grade Earned**

Student's Signature: _____ Date: _____

Program Advisor Signature: _____ Date: _____

Academic Affairs Signature: _____ Date: _____