

**Master in Urban Planning Degree Program
Harvard Graduate School of Design**

DECLARATION OF AREA OF CONCENTRATION

Name _____

Email Address _____

Expected Month/Year of Graduation _____

I declare the following established *Area of Concentration*:

I propose a *Special Area of Concentration* (attach one-page statement describing area and attach course syllabi for all courses) entitled:

Courses (12 units) for your established or Special Area of Concentration:

<u>Course # and Name</u>	<u>Units</u>
_____	_____
_____	_____
_____	_____

If you are doing an established *Area of Concentration* and are using pre-approved courses, you do not need any faculty signatures.

If you are doing an established *Area of Concentration* but wish to use a course(s) not already pre-approved, you will need the signature of the Area of Concentration advisor.

If you are doing a *Special Area of Concentration*, you will need the signature of your Special Area of Concentration Advisor and the Program Director.

Name of Special Area of Concentration Faculty Advisor _____

Signature of Special Area of Concentration Faculty Advisor _____

Signature

Date

Program Director* _____

Signature

Date

**only required for Special Area of Concentration
Revised 2011*