

Master in Urban Planning
Declaration of Area of Concentration

Name: _____

Email Address: _____

Expected Month/Year of Graduation: _____

I declare the following *Area of Concentration* in order to meet my degree requirements (*choose one*):

- | | |
|---|--|
| <input type="checkbox"/> Health, Climate and Environment Planning | <input type="checkbox"/> Transportation and Infrastructure |
| <input type="checkbox"/> Housing, Community, and Economic Development | <input type="checkbox"/> Urban Analytics |
| <input type="checkbox"/> International and Comparative Planning | <input type="checkbox"/> Urban Design |
| <input type="checkbox"/> Real Estate and Urban Development | <input type="checkbox"/> <i>Special Area*</i> |

I plan to take/have completed the following 12-units to satisfy my *Area of Concentration* requirement:

Course #	Course Title	Term/Year	Units #

For any course not pre-approved for the concentration, you are responsible for seeking approval from the concentration advisor(s) before declaring your concentration and before the add/drop deadline in your third semester.

This section only applies to those declaring a *Special Area of Concentration*:

If you are declaring a *Special Area of Concentration*, you must meet with the Program Director for approval.

Special Area of Concentration: _____

*Signature of Program Director: _____

Date

