## University of La Verne

Application for Addition of a Concentration to a completed ULV Master's Degree

Name:			<b>ID</b> #:		
Address	:				
City:			State:	Zip	:
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Concen	tration to	be added:			
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_		rsework completed within 5 y		e of this	application may
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2		of "B" or better ("B-" does not	qualify) must be achi	ieved for	all coursework
		the concentration.			
3	•	rements for the concentration	must be completed wi	thin 3 ye	ears from the
	date of ap	pplication.			
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**Note:** When all requirements for the concentration have been completed, the concentration and the date completed will be added to your transcript. A complimentary transcript will be mailed to you. Diplomas <u>will not be reissued</u> noting the addition of a concentration.

**Signature of Advisor** 

**Date** 

**Date** 

**Signature of Student**