

Graduate Academic Services Woody Hall /909-448-4011/gas@laverne.edu

	Program Concentration	on Form			
Name:		Advanced?	Yes:	No:	
ID #					
Program:		Catalog yea	r:		
approved by the major departme	oncentration in their master degre nt within the major with a particu standing. Processing time: Up to 5	lar interest or	focus. Concer	•	
Add: Remove:					
Concentration Title:			-		
Add: Remove:					
Concentration Title:			-		
Add: Remove:					
Concentration Title:			-		
Student Signature:		Date: _			
Program Advisor:					
(Please submit form to Graduate	Academic Services Woody/ <u>GAS@I</u>	<u>averne.edu</u>)			

Revised: 09.11.2023