

# Request Form for MALS Concentration in Individualized Studies

Student Name: \_\_\_\_\_

Date of Enrollment in MALS: \_\_\_\_\_

**PROPOSED CONCENTRATION NAME:**

*Please attach a 1-2 page proposal on separate sheets.*

Proposed Core Courses		Semester Taken/ Will Take	
List of Possible Elective Courses from across the GC  Courses should have been offered within the past two academic years  Please consult <a href="#">the course schedule</a> .		Semester Last Offered	

**CONSULTING FACULTY MEMBER:**

<i>Signature</i>		<i>Date</i>	
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*I have reviewed and approved the proposed Individualized Studies Concentration.*

**MALS EO** \_\_\_\_\_ *Date* \_\_\_\_\_

**MALS DEO** \_\_\_\_\_ *Date* \_\_\_\_\_