Declaration of Concentration Proposal

Student Name: ______________________________ Date: __________________

PROGRAM:

☐ Bachelor of Fine Arts
☐ Bachelor of Fine Arts with Art Education Licensure
☐ Diploma of the College

CONCENTRATION:

☐ Animation + Interactive Media (select a capstone)
☐ Book Arts (select a capstone)
☐ Graphic Design w/ Graphic Design Senior Capstone
☐ Illustration w/ Illustration Senior Capstone
☐ Painting w/ Senior Fine Arts Capstone
☐ Photography w/ Senior Fine Arts Capstone
☐ Printmaking w/ Senior Fine Arts Capstone
☐ Sculpture w/ Senior Fine Arts Capstone
☐ Self Directed Study (select a capstone)

MINOR:

☐ Art History
☐ Creative Writing
☐ None

CAPSTONE:

☐ Senior Fine Arts Seminar
☐ Senior Design Seminar
☐ Senior Illustration Seminar

Please work with your academic advisor to prepare a one-page written proposal for your concentration by answering questions listed below. Attach the written proposal to this form. This completed proposal must be submitted to the registrar in the second semester of your sophomore year (or at the accumulation of 57 credits).

Questions:
Why have you chosen this concentration? What are your educational goals within this concentration for the next two years? How does your previous work demonstrate your interest and skills appropriate to this field? What are the courses through which you will accomplish your goals?

For this last question you should choose six courses you might take junior and senior year in order to fulfill your concentration requirements and meet your educational goals. List these on the attached page.

Look at course offerings on the Montserrat website and select courses that you are interested in taking. Please list 200 and 300 level courses in an appropriate proportion. (These choices are for general guidance only; some courses may not be offered certain semesters and alternatives will be found.)

Student’s Signature: ______________________________ Date: __________

Academic Advisor’s Signature: ______________________________ Date: __________

Dept. Chair/Concentration Coordinator’s Signature ______________________________ Date: __________

For Registrar’s Office Processing Only:

Updated in Student Information System: ______________________________ Date: __________

Updated Student Summary Sheet/s Distributed to Student & Advisor ______________________________ Date: __________

revised 10/31/2012