The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08625-0718
Phone: (609)771-2141 Fax: (609)637-5184

APPLICATION FOR INTERDISCIPLINARY CONCENTRATION

Last Name: _____ First Name: _____ MI: ____ PAWS ID: _____

Phone: _____ TCNJ E-Mail: _____ Major _____

Please indicate the following:

☐ Adding New Concentration ☐ Changing Concentration

Interdisciplinary Concentration: _____

Emphasis (if any): _____

Expected Graduation Term: _____

_____ _____
Student Signature Date

_____ _____
Signature of Concentration Sponsor Date

_____ _____
Signature of Major Advisor Date

Please note: College policy requires that applications for interdisciplinary concentrations must be submitted at least TWO SEMESTERS before graduation.

<u>No more than two courses taken as part of a major, nor more than one course taken as a part of a minor, may also be counted toward a student's interdisciplinary concentration.</u>

Interdisciplinary Concentration Codes: _____