



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 OF SELF-DESIGNED CONCENTRATION

Last Name: First Name: MI: PAWS ID:

Phone: TCNJ E-Mail: Major

Year of Entry to TCNJ: Title of Self-Designed Concentration:

Courses:

1. Arts and Humanities

Course #	Course Name	Grade	Completed (Y/N)

3. Natural Science and Quantitative reasoning

Course #	Course Name	Grade	Completed (Y/N)

2. Social Sciences and History

Course #	Course Name	Grade	Completed (Y/N)

Comments

Student Signature

Date:

Major Advisor Signature (1) (I hereby recommend this proposal.)

Date:

Major Advisor Signature (2) (I hereby recommend this proposal.)

Date:

Coordinator for Self-Designed Concentrations' Signature

Date: