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Description automatically generated

**FOR OFFICIAL USE ONLY**

Effective Date:

Petition:

**University Registrar’s Office** ***●*Room I317          Level 03        Building I        *●* 024-7108-9779 (Ext: 9004)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Template 1. INDIVIDUALLY DESIGNED CONCENTRATION/MINOR APPLICATION**

*Please fill in all information for* **SECTION A** *and get the signature of your faculty advisor (s) for* **SECTION B** *before submitting this form to the Office of Registrar. The approval of the Individually Designed Concentration/Minor will be applied for the following semester.*

**SECTION A: TO BE COMPLETED BY STUDENTS**

Name: College:

VinUni ID #: Current Program:

Cum GPA: Class rank*:*  Freshmen  Sophomore  Junior  Senior

Email: Telephone: DOB *(mm/dd/yyyy)*:

Apply for  Concentration or  Minor Title of Proposed Concentration or Minor:

Faculty Advisor (Sponsor): College/Department:

Secondary Advisor (if applicable): College/Department:

***Please state the goals and rationale describing the proposed Concentration or Minor:*** *(maximum is 500 words).*

*[Instruction: This written statement will help keep the program on track as you progress. You should include a comment about your employment objectives or educational plans after graduation and should describe how the IDCM satisfies your needs better than one of the traditional majors/minors offered by the University].*

<type here>

**IDC/IDM ACADEMIC PLANNING WORKSHEET**

*[Instruction: With your Faculty Advisor, select the courses for the Concentration/Minor that will best meet your educational goal. You may find it helpful to consult with appropriate faculty members from the various departments whose courses you include in your program. This chart must include alternate courses that you can take if planned courses prove to be unavailable].*

**Planned courses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nr.** | **Code** | **Course Title** | **Credits** | **Pre-requisite requirements met (\*)** | **Course Status (\*\*)** | **Semester taken (\*\*\*)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| … |  |  |  |  |  |  |
| *Total of credits* | | | | | | *\_\_\_\_\_\_* |

**Alternate courses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nr.** | **Code** | **Course Title** | **Credits** | **Pre-requisite requirements met (\*)** | **Course Status (\*\*)** | **Semester taken (\*\*\*)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

*(\*) Clarify whether you have completed the prerequisite for each proposed course*

*(\*\*) Choose one: Completed or Currently taking or Plan to take*

*(\*\*\*) Semester you took this class OR the current semester if you are taking this class now OR the semester you plan to take this course (e.g., Fall 20)*

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Student Signature** | **Date** |  |  |

**SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR(S) & FACULTY/COLLEGE**

|  |  |
| --- | --- |
| **Faculty Advisor(s)** | **Faculty/College** |
| **Please state the comments on the student’s proposed Concentration/Minor *(maximum is 100 words):***  **Advisor’s signature:**  **Date:** | **Decisions:**  Approve  Return for further improvements  Disapprove  ***Comments from the College’s Designee:***  **Signature:**  **Date:** |