CHECKLIST FOR SPECIAL CONCENTRATION APPLICATION PACKET

Your application should include:

1. General Information sheet ("Application for a Special Concentration") which should be the first page of the application.
2. Statement of Purpose*
3. Proposed Course Plan (Part 1)*
4. Proposed Course Plan (Part 2)*
5. Alternative Departmental Plan in case the Special Concentration is denied.
7. Statement of Resident Dean, Freshman Adviser, or Designee.
8. Statement of Prospective Faculty Adviser. (Must be a voting member of the Faculty of Arts and Sciences.)
9. Statement of Department(s) Most Closely Related to Proposed Special Concentration.
10. Statement of Prospective Tutor, if applicable.
11. Most Recent Grade Report

*Please give copies of these statements to prospective Faculty Advisers and Tutors, Allston Burr Resident Dean, and appropriate Head Tutor(s) well in advance of the application deadline so that they may consider them carefully and discuss them with you.

***Please include Name and Date on EVERY page
APPLICATION FOR A SPECIAL CONCENTRATION

The application must reproduce legibly (a black pen or, if printed, a fresh cartridge on your printer.)

Date of Application ______________

Student Name: __________________________ ID #: __________________________

House (Mailing) Address: ___________________________________________________________

E-mail Address __________________________ Phone Number: __________________________

Title of Special Concentration (limit of 30 characters): ________________________________

____________________________________

Freshman   Sophomore   Junior   Senior   (Please circle one.)

Honors (please circle)   YES   NO   Expected Date of Graduation:______________

Present Field of Concentration: _________________________________________________

RESIDENT DEAN, FRESHMAN ADVISER OR DESIGNEE

Name: ____________________________________________

CLOSEST DEPARTMENT TO SPECIAL CONCENTRATION

__________________________________________

Name of Department Representative Writing Statement:

__________________________________________

FACULTY ADVISER(S) FOR SPECIAL CONCENTRATION

Name: ____________________________________________

Department: ____________________________________________

Departmental Title: ____________________________________________

TUTOR(S) FOR SPECIAL CONCENTRATION

Name: ____________________________________________

Department: ____________________________________________

Departmental Title or Year in Graduate School: ________________________________
STATEMENT OF PURPOSE

What do you propose to study and why do you want to approach it in this way?

Please justify, in as much detail as you judge necessary, your proposal as to:

1) its coherence and depth as a concentration, and
2) its adequacy as part of an undergraduate education in liberal arts.

Attach additional pages to this sheet. Statement should be limited to 2-3 pages (500-750 words).
PROPOSED COURSE PLAN FOR SPECIAL CONCENTRATION (Part 1)

List all courses you plan to take in each semester. Also include all courses that you have already taken.

Please distinguish unambiguously (e.g. underline, capitalize, or star) between courses you propose to count for Special Concentrations (including tutorials) and Core or elective courses.

Use descriptive as well as departmental titles ("Buddhist Hybrid Sanskrit" not just Sanskrit 110); indicate the number of credits, and consider prerequisites and limited enrollment.

Please feel free to attach additional pages to this sheet.

Please attach as part of Special Concentrations Application. Return to Tessa Lowinske Desmond, 2 Arrow Street, Room 431, Box “EMR,” OR email to specialconc@fas.harvard.edu. In addition, please give copies to prospective Faculty Advisers, Allston Burr Resident Dean, and appropriate Head Tutor(s)
PROPOSED PLAN FOR SPECIAL CONCENTRATION (Part 2)

Please provide a description of how the courses you propose cohere to form a unified whole. Imagine that you have been asked to provide an outline of your concentration for *Fields of Concentration*.

E.g., for a concentration in Cultural Studies & Politics:

- 4 courses in Critical Theory - courses will provide a base of knowledge in Cultural Studies, Postmodernism etc.
- 4 courses in representation - courses will provide background and knowledge of the representation of a number of different cultural identities.
- 3 courses analyzing the issues of race, class, and gender through the traditional lenses of the social sciences.
- 2 courses exploring the notion of praxis and political action - courses will provide theoretical and historical perspectives on the relationship between theory and practice.
- 4 half-courses in Special Concentrations tutorial - SC 98 and 98, SC 99.

Please feel free to attach additional pages to this sheet.

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ALTERNATIVE DEPARTMENTAL PLAN

List all the courses you would take to fulfill a departmental requirement if Special Concentration is denied. Realism and ingenuity are essential here: show how you could make the best use of an existing program. Please indicate which courses would be required for concentration and which you would choose to count for concentration. (Mark them RC, CC respectively)

Use descriptive as well as departmental titles ("Buddhist Hybrid Sanskrit" not just Sanskrit 110); indicate number of credits, and consider prerequisites and limited enrollment.

Please feel free to attach additional pages to this sheet.
COMPARISON OF PROPOSED AND ALTERNATIVE PLAN

Summarize the differences between your proposed Special Concentration program and your departmental alternative.

Please also list 1) Special Concentration courses you would have to forego if your petition were denied and 2) department courses you would not take if it were granted.

Please feel free to attach additional pages to this sheet.
Please Circle: I DO  I DO NOT  waive any right of access I may have to this reference form.

Student signature: ___________________________________________ Date: ____________________

Student Name: ______________________________________________

**STATEMENT OF RESIDENT DEAN, FRESHMAN ADVISER OR DESIGNEE**

The Committee on Special Concentrations recognizes that no Resident Dean can comment authoritatively on every student's academic specialty. We do rely, however, upon your understanding of the students themselves.

How would you assess the applicant's maturity, initiative, discipline, and perseverance? Can he or she dispense with the collegiality, advice and support a departmental concentration provides?

If you do not know the student well, would you suggest someone better able to comment on him/her.

*Please feel free to attach additional pages to this sheet.*

Signature: ___________________________________________ Date: ____________________

Name and House: (Please print) ___________________________________________

(The Committee on Special Concentrations appreciates the care and candor with which you will reply.)

Return to Tessa Lowinske Desmond, 2 Arrow Street, Room 431, Box “EMR,” OR email to specialconc@fas.harvard.edu
Please Circle: I DO I DO NOT  waive any right of access I may have to this reference form.

Student signature: ___________________________________________ Date: ______________

Student Name: ______________________________________________

STATEMENT OF PROSPECTIVE FACULTY ADVISER

As prospective Faculty Adviser, your support is, apart from the student's own commitment, the most crucial factor in the success of a Special Concentration. Students who elect Special Concentrations forego the support as well as the constraints of a department; you therefore will bear substantial responsibility for their education.

1) Do you support the proposal as described in the Statement of Purpose and Plan of Study the student has submitted to you? Will the student's undergraduate education be as (or more) coherent, balanced, and thorough as a departmental concentration? Why do you particularly recommend it? Have you any misgivings?

2) Are you willing to assume quasi-departmental responsibility for advising the student: tutoring him/her yourself or finding a colleague willing to tutor him/her; discussing course selections and signing his/her study card each term; approving changes in his/her Plan of Study; arranging for thesis readings; setting and grading a general examination; writing letters of recommendation?

Please feel free to attach additional pages to this sheet.

Signature: ___________________________________________ Date: ______________

Name: (Please print) __________________________________________

Dept. & Dept. Title: __________________________________________

(The Committee on Special Concentrations appreciates the care and candor with which you will reply.)
Return to Tessa Lowinske Desmond, 2 Arrow Street, Room 431, Box “EMR,” OR email to specialconc@fas.harvard.edu.
Please Circle: I DO I DO NOT  waive any right of access I may have to this reference form.

Student signature:____________________________________  Date:__________________
Student Name: __________________________________________

DEPARTMENT MOST CLOSELY RELATED TO PROPOSED SPECIAL CONCENTRATION

The Faculty legislation authorizing Special Concentrations stipulates that a Special Concentration should not be granted if the student's Plan of Study can be pursued within an existing concentration.

As the Head Tutor of the Department or degree-granting committee that best approximates this student's interests, would you evaluate the proposal and the Plan of Study he/she has submitted to you?

1) Is it thorough and coherent as an undergraduate program?
2) If you believe the proposal is sound, is it or is it not possible to accomplish its aims while fulfilling your concentration's requirements?

Please feel free to attach additional pages to this sheet.

Signature:____________________________________  Date:__________________
Name: (Please print)________________________________________________________
Dept. & Dept. Title: _________________________________________________________

(The Committee on Special Concentrations appreciates the care and candor with which you will reply.) Return to Tessa Lowinske Desmond, 2 Arrow Street, Room 431, Box “EMR,” OR email to specialconc@fas.harvard.edu.)
Please Circle: I DO I DO NOT  waive any right of access I may have to this reference form.

Student signature:________________________________________________________ Date:___________________

Student Name: ___________________________________________________________

Term for which tutorial is Proposed: ____________

STATEMENT OF PROSPECTIVE TUTOR

Tutorial is an integral part of a Special Concentration. Students undertaking interdisciplinary studies need attentive and challenging tutors; they frequently have difficulty finding them.

1) Are you willing to serve as this student's tutor for the academic term indicated above?
2) Would you explain how the syllabus or your tutorial contributes to the student's Special Concentration as described in the proposal and Plan of Study he/she has submitted to you?

Please feel free to attach additional pages to this sheet.

Signature:________________________________________________________ Date:___________________

Name: (Please print)_____________________________________________________

Dept. & Dept. Title:_____________________________________________________

(The Committee on Special Concentrations appreciates the care and candor with which you will reply.)
Return to Tessa Lowinske Desmond, 2 Arrow Street, Room 431, Box “EMR,” OR email to specialconc@fas.harvard.edu.