**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 Lisa Laskin, 1414 Mass Ave, floor 3r, room 364, OR email to specialconc@fas.harvard.edu.