

HARVARD COLLEGE
OFFICE OF SPECIAL CONCENTRATIONS
UNIVERSITY HALL NORTH, ROOM 033

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Committee on Special Concentrations Application Checklist

Your application should contain:

1. The Special Concentrations Application Packet, which includes:
 - General Information
 - Statement of Purpose*
 - Proposed Course Plan (Part 1)*
 - Proposed Course Plan (Part 2)*
 - Alternative Departmental Plan in case the Special Concentration is denied*
 - Summary of Course Differences Between Proposed Plan of Study and Alternative Plan of Study.*

2. Letters of Recommendation, submitted separately and directly to specialconc@fas.harvard.edu, from:
 - Your Resident Dean, Freshman Adviser, or other Designee
 - Statement of your prospective Faculty Adviser (must be a voting member of the Faculty of Arts and Sciences)
 - Statement of Department(s) Most Closely Related to Proposed Special Concentration.
 - Statement of Prospective Tutor, if applicable.

3. Your Most Recent Grade Transcript

The Special Concentrations Application Packet may be completed electronically and emailed to specialconc@fas.harvard.edu or hard copy may be delivered to the Office of Undergraduate Education (Special Concentrations), University Hall North, room 033. Letters of Recommendation may be emailed to specialconc@fas.harvard.edu or hard copy may be delivered to the Office of Undergraduate Education (Special Concentrations), University Hall North, room 033.

*Please give copies of your statement and course lists to prospective Faculty Advisers and Tutors, Resident Dean or Designee, and appropriate Departmental Head Tutor(s) **well in advance** of the application deadline so that they may consider them carefully and discuss them with you. These materials will help inform their own statements about your proposal.

APPLICATION FOR A SPECIAL CONCENTRATION

Date of Application _____

Student Name: _____ ID #: _____

House (Mailing) Address: _____

E-mail Address _____ Phone Number: _____

Title of Special Concentration : _____

Freshman Sophomore Junior Senior

Honors YES NO Expected Date of Graduation: _____

Present Field of Concentration: _____

RESIDENT DEAN, FRESHMAN ADVISER OR DESIGNEE

Name and E-mail: _____

CLOSEST DEPARTMENT TO SPECIAL CONCENTRATION

Name and email of Department Representative Writing Statement: _____

FACULTY ADVISER(S) FOR SPECIAL CONCENTRATION

Name and E-mail: _____

Department: _____

Departmental Title: _____

TUTOR(S) FOR SPECIAL CONCENTRATION

Name and E-Mail: _____

Department: _____

Departmental Title or Year in Graduate School: _____