Hood College
Master of Arts in the Humanities
CONCENTRATION AGREEMENT FORM

Candidate’s Name: __________________________________________________________________________________

Day Phone: __________________________ Evening Phone: __________________________

E-mail Address: _______________________________________________________________________________________

Advisor’s Name: __________________________ Extension: __________________________

Title of Concentration: ___________________________________________________________________________________

_____________________________________________________________________________________________________

Courses in Concentration (must be a minimum of four courses/12 credit hours; for directed readings, independent
studies, and HUM Colloquium courses, give full course title):

1. ________________________________________________________________________________________________

2. ________________________________________________________________________________________________

3. ________________________________________________________________________________________________

4. ________________________________________________________________________________________________

5. ________________________________________________________________________________________________ (optional)

6. ________________________________________________________________________________________________ (optional)

Action of the Program Director:

_____ ACCEPT  Program Director’s Signature: __________________________

_____ RETURN for reassessment; comments below:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

* Please submit this CAF to the Program Director (Amy Gottfried; gottfried@hood.edu).

* Concentration proposals will be due the first of every month for the following months (note the
break over the summer and in January): Aug, Sep, Oct, Nov, Dec, Feb, Mar, Apr, May.

* You will normally hear back from MAHAC by the end of the month in which you submit this
proposal.

Copies:  Graduate School, Advisor and Candidate
Hood College
Master of Arts in the Humanities

DEGREE CANDIDACY FORM

Print Name_________________________________________ Student ID No. ______________________________
Day Phone ___________________________ Eve. Phone ___________________________
E-mail Address____________________________________________________________________________________
Street ____________________________________________________________________Apt. ______________
City, State, ZIP___________________________________

1. Date of first course in the program_________. Date of expiration of seven-year time limit (see catalog)

__________.

2. Please indicate courses (6 credit maximum) approved for transfer by the Dean of the Graduate School. Official
transcript(s) and course description(s) or syllabus(i) must be on file in the Graduate School before this form
can be submitted. Indicate the department number, course number, course title, credits earned, date completed,
institution and grade(s) earned. Please read the section of the Hood College Catalog regarding transfer of credit for
full details of the transfer policy.

______________________________________________________________________________________________

_________________________________________________________________________________________

______________________________________________________________________________________________

3. Put a CHECKMARK by the courses listed that you have satisfactorily completed at Hood. CIRCLE the courses in
which you are currently enrolled or plan to take. Fill in the details where indicated. Place a “T” by courses you listed
for transfer in section number two (2) above.

<table>
<thead>
<tr>
<th>Seminars (No transfers allowed):</th>
<th>HUM 501</th>
<th>HUM 502</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Courses: Place a “C” after the four courses that define the concentration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. _____________________________</td>
<td>4. _____________________________</td>
<td></td>
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<tr>
<td>2. _____________________________</td>
<td>5. _____________________________</td>
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<tr>
<td>3. _____________________________</td>
<td>6. _____________________________</td>
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<tr>
<td>Capstone:</td>
<td>HUM 595 *</td>
<td></td>
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<tr>
<td>* Requires Permission to Enroll Form</td>
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<td></td>
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</tbody>
</table>

4. CONCENTRATION AGREEMENT FORM: Please attach the Concentration Agreement Form for review and
approval. The Graduate School Office will keep an approved copy for the official student file.

5. SIGNATURES: The student is responsible for obtaining signatures from the advisor and department chair before the
form is submitted to the Dean. Do not mail this form to your advisor. You MUST schedule an appointment with your
advisor to complete this form together.

Student_________________________________________________________ Date____________________
Advisor_________________________________________________________________ Date____________________
Program Director____________________________________________________ Date____________________
Dean__________________________________________________________________ Date____________________

 Copies: Graduate Office, Advisor and Candidate.