



# AREA OF CONCENTRATION

## Doctorate in School Improvement

Scan and email to [parrishm@westga.edu](mailto:parrishm@westga.edu) or fax to School Improvement at 678-839-6174

Name \_\_\_\_\_ Cohort # \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_

Student ID # \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Area of Concentration \_\_\_\_\_ Concentration Code \_\_\_\_\_

Thematic Foundation, (rationale)

\_\_\_\_\_  
\_\_\_\_\_

Title of Course to be Taken	Department/ Course Number/ Credit Hours	Institution Where Course was Taken/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

*\*In the Ed.D. degree program in School Improvement you must complete a minimum of 12 graduate credit hours in your chosen (AoC) Area of Concentration which comprises your focus in the program. Credit may be transferred from another accredited institution subject to the following conditions: (1) work must have been completed within 7 years of the date of admission to the Ed.D degree program; (2) courses to be transferred must have been taken post Master's degree; (3) a grade of B or higher must have been earned in the course;(4) work offered for transfer must have the approval of the Ed.D. Director. Student must provide official transcript(s) if not on file.*

**SPACE BELOW FOR OFFICIAL USE**

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Ed.D. Director*

\_\_\_\_\_  
*Date Approved by Ed.D. Director*

**Route to:** Registrar's Office & Graduate Admissions

Revised 01/16

**(Note: Student's record should be updated no later than end of semester in which information was received)**