

# AREA OF CONCENTRATION (AoC)

Doctorate in School Improvement  
University of West Georgia  
Carrollton, GA 30118

Please complete this autofill form, include your digital signature and return via email to Sandra Montanaro  
smontana@westga.edu

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

Address \_\_\_\_\_

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

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

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

Thematic Foundation, (rationale) \_\_\_\_\_

Course Title to be Taken	Department/ Course Number/ Credit Hours	Institution Where Course is to be 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 student's advisor, the Ed.D. Director and the Dean of the College of Education. Must provide unofficial 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: Graduate Admissions  
(Note: Student's record should be updated no later than end of semester in which information was received)