AREA OF CONCENTRATION (AoC)

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

Please complete this autofill form, include your signature, and return via email to eddsi@westga.edu

Name			Cohort
Address			
Home Telephone Number		Work Telephone Number	
Student ID #	Email_		Date
Area of Concentration			Concentration Code
AoC Course Title to be Taken		Department/ Course Number/ Credit Hours	Institution Where Course is to be Taken/Year
	-		
	-		
Elective Course Title to be Taken			
*In the Ed.D. degree program in School Imp cohort 20) in your chosen (AoC)Area of Con another accredited institution subject to the j (1) work must have been completed within 7 (2) courses to be transferred must have been (3) a grade of B or higher must have been ed (4) work offered for transfer must have the a Education. Must provide unofficial transcrip	ncentration following of years of the taken pos urned in the pproval of	which comprises' your focu conditions: he date of admission to the Ed t Master's degree e course the student's advisor, the Ed	
	S	PACE BELOW FOR (DFFICIAL 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)

Revised Dec 2021