

Name _____ Banner ID# _____ Box _____

Student's Statement (continued)

II. **Courses Outside Concentration Program.** List all courses you have taken or hope to take outside of your specific concentration program. (It is understood that this list may be tentative, and it is not intended to be binding.)

III. **Description of the Non-Concentration Program.** In the space below and on additional pages as needed explain how the courses listed in II above, in conjunction with concentration and any other activities in which you are involved, will fulfill your goals for intellectual and personal development while at Brown.

Signature of Student _____ Date _____

To be completed by Concentration Advisor

_____ I have discussed the above program with the student.

_____ I have recommended that the student also discuss these plans with a dean.

Comments:

Signature of Concentration Advisor _____ Dept. _____ Date _____