ELIOT PEARSON DEPARTMENT OF CHILD DEVELOPMENT
105 College Avenue, Medford, Massachusetts | Ph:(617) 627-3355 | Fax:(617) 627-3503

GRADUATE DECLARATION OF CONCENTRATION

Date: _____

Student Name: _____ Tufts ID #: _____

Degree Program: _____

Program Advisor: _____

CONCENTRATION:
❒ Clinical Developmental Psychology ❒ Cognitive Development ❒ Children w/ Special Needs ❒ Educational Studies ❒ Family Studies ❒ Language and Literacy ❒ New Technologies and Human Development ❒ Arts and Child Development

Required Course Work:

Year/ Semester	Department or Course #	Title of Course	Course Credit	Grade	Contingent Approval

(attach second sheet if needed)

Credits Earned Elsewhere:

Year/ Semester	Institution	Title of Course	Course Credit	Grade	Date Transfer Petitioned

TO BE COMPLETED BY THE DEPARTMENT:
Subject to satisfactory completion of the items checked contingent approval, I certify that the candidate will have qualified for the concentration shown. Return to Justina Clayton.

_____
Advisor

_____ _____
Date Director of Graduate Studies