

Department of Urban and Regional Planning
Master of Urban Planning Program

**CERTIFICATE OF SPECIALIZATION
APPLICATION FORM**

Name _____ Date _____

Signature _____

UB Person Number _____

Current Address _____

City, State, Zip _____

Telephone Number _____

AREA OF CONCENTRATION (Check One)

- _____ Community Development and Urban Management
- _____ Economic and International Development Planning
- _____ Environmental and Land Use Planning
- _____ GIS and Planning Technologies
- _____ Urban Design

List the courses that you have completed that satisfy this specialization:

Thesis or Project Title: _____

Major Professor: _____

APPROVAL:

Specialization Advisor:

Name _____

Signature _____ Date _____

Department Chair:

Name _____

Signature _____ Date _____