



CHANGE OF SPECIALIZATION REQUEST FORM

Please Print

Student Name: _____

Academic Advisor: _____

I have decided to change my degree specialization as indicated below. I understand that, as a result, I may be required to complete and pay for additional coursework to fulfill the requirements of the new specialization I have chosen.

Current Degree and Specialization: _____

New Degree and Specialization: _____

Student Signature: _____ Date _____

Advisor Signature: _____ Date _____

Request for Change of Advisor

Please indicate if a change in academic advisor will be necessary due to the subject area of the student's requested change in area of focused study. If a new advisor is requested please submit this form **first** to the dean of the University, and not the Registrar.

Change of Academic Advisor: _____ Requested _____ Not Requested

To be completed by the Dean if a new academic advisor is requested/required

New Academic Advisor: _____

Dean's Signature: _____ Date _____