



DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

REQUEST TO CHANGE AN AREA OF SPECIALIZATION

Date: ___/___/___

Student's Name: ___ Student's I.D.: ___
Last First Middle

I respectfully request permission to change my area of specialization.

Student's Signature (mandatory) Date

Current Area of Specialization:

Requested Area of Specialization:

Degree Program: _____

Approved:

Approved:

Current Advisor (Print Name)

New Advisor (Print Name)

Current Graduate Program Coordinator (Print Name)

New Graduate Program Coordinator (Print Name)

Date

Date

Dean of Graduate School

Date

Recorded: Office of the Registrar

Date