Program/Specialization Change Form

Name: ________________________________

ID Number: ________________________________ (Social Security #)

Semester:  FALL   SPRING   SUMMER (Circle one)

Year: ____________________

This form will be considered invalid without proper approvals and signatures.

**Option 1 – Change of Program**
This option is to be used only when changing from one degree program to another. Note – admissions approval is required when using this option.

Current Program:  ____________________________________________________________

New Program:  ____________________________________________________________

Student Signature  ___________________________ Date: ______________________

**Option 2 – Change of Specialization**
This option is to be used only when changing specializations.

Current Degree Program:  ____________________________________________________________

Former Specialization  ____________________ New Specialization  ____________________

Student Signature  ___________________________ Date: ______________________

**APPROVAL**

Program Director Signature:

_________________________________________ Date ______________________

Admissions Office Approval: (for Option 1 only)

_________________________________________ Date ______________________