

Please sign, date, and return this form via email or fax to the attention of your Student Advisor (online) or Registrar Advising Specialist (ground). The appropriate fax number can be obtained from your Advisor.

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor: \_\_\_\_\_ Degree Program:  MA  PhD

### Acknowledgements and Declaration(s)

I understand that changing specializations or requesting an additional specialization may result in the reduction of applicable transfer credit and total earned credits towards the completion of my degree. A reduction in total earned credits may also result in a decrease in the amount of financial aid for which I am eligible. Adding an additional specialization to my degree may also result in an increase in total program cost. I acknowledge that I have discussed these implications with my Student Advisor or the Registrar's Office (as applicable). I understand that I am responsible for reviewing, understanding and abiding by the requirements for this area of study in accordance with the current *University of the Rockies Academic Catalog*.

#### Master of Arts in Human Services

I am requesting to **REMOVE** a specialization in:

- Not-for-Profit Management
- Mental Health Administration

I am requesting to **ADD** a specialization in:

- Not-for-Profit Management
- Mental Health Administration

#### Master of Arts in Education & Doctor of Philosophy in Education

I am requesting to **REMOVE** a specialization in:

- Curriculum, Instruction, and Assessment
- Distance Learning

I am requesting to **ADD** a specialization in:

- Curriculum, Instruction, and Assessment
- Distance Learning

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Electronic signature not accepted