

Student Information

Effective 1/9/13

Please sign, date, and return this form via email or fax to the attention of your Student Advisor. The appropriate fax number can be obtained from your Student Advisor.

| First Name: | Last Name: | Student ID: |
|--|--|--|
| Phone: | Email: | |
| Student Advisor: | | Degree Program: MA PhD |
| Acknowledgements a | nd Declaration(s) | |
| may also result in a decreating degree may also result with my Student Advisor. It for this area of study in accommaster of Arts in Organi | se in the amount of financial aid to in an increase in total program of inderstand that I am responsible f | |
| I am requesting to | REMOVE a specialization in: | I am requesting to <i>ADD</i> a specialization in: |
| ☐ Innovation and E☐ Organizational D☐ Risk Managemen☐ Social Media and | iversity nt I Technology Id Wellness Management | □ Corporate Training and E-Learning □ Innovation and Entrepreneurship □ Organizational Diversity □ Risk Management □ Social Media and Technology □ Sport, Fitness and Wellness Management □ Standard course of study |
| Student Signature: | | Date: |

Electronic signature not accepted