

Graduate Change of Major/Concentration

Student Name*: _____ Student ID*: _____ Date: _____

Phone: _____ Email: _____

CURRENTLY:						CHANGE TO:					
Degree - Select one:	MA		MED		MS	Degree - Select one:	MA		MED		MS
	MBA		MPA				MBA		MPA		
Major						Major					
Concentration if applicable						Concentration if applicable					

Available Majors:	Available Concentrations: (Concentrations will not appear on transcripts)
<p>Master of Arts</p> <p>MA - Counseling and Guidance MA - Educational Administration MA - English MA- Marriage and Family Therapy</p> <p>Master of Business Administration</p> <p>MBA - Business Administration</p> <p>Master of Professional Accountancy</p> <p>MPA - Professional Accountancy</p>	<p>Master of Arts in Counseling and Guidance</p> <ul style="list-style-type: none"> • School Counseling • Mental Health Counseling <p>Master of Education in Special Education</p> <ul style="list-style-type: none"> • Assessment (Educational Diagnostic) • Autism/Emotional Behavior Disorder • Instructional Specialist
<p>Master of Science</p> <p>MS - Bilingual Education MS - English MS - Kinesiology MS - Reading Specialization</p> <p>Master of Education</p> <p>MED - Early Childhood MED - Special Education</p>	

This form is to be utilized by applicants intending to change their major or concentration prior to the point of admission. If an admission decision has been offered, in order to change to a different program, applicants must reapply.

Student Signature*: _____ Date: _____

All fields marked with * are required

For Admissions Office use only:
Processed By: _____ Date: _____
Comments/Notes: _____