

REQUEST FOR CHANGE OF FOCUS AREA

Student Name: _____ Year _____

Current Focus Area: _____ Desired Focus Area: _____

Reason for requesting a change:

Signatures:

Student:

Date:

Current Advisor:

Date:

Proposed (New) Advisor:

Date:

Current Focus Leader:

Date:

Proposed (New) Focus Leader:

Date:

Focus area changes become effective September 15 or January 15, whichever comes first. Students who change focus areas get priority scheduling for the new focus area AFTER the students already in that focus area and any student declaring that area from a mixed or clinician scientist perspective have been scheduled.