

REQUEST FOR CHANGE OF FOCUS AREA

Student's Name _____ ID# _____ Year _____

E-Mail _____ Phone Number _____

Current Focus Area _____

Desired Focus Area _____

Reason for requesting a change:

Student Signature _____ Date _____

Current Advisor _____

Signature _____ Date _____

Proposed (new) Advisor _____

Signature _____ Date _____

Current Focus Area Leader _____

Signature _____ Date _____

Proposed (new) Focus Area Leader _____

Signature _____ Date _____

Please return completed form to Student Services.

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. The change must be approved by the Associate Dean of Academic Affairs

Associate Dean of Academic Affairs