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

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Associate Dean of Academic Affairs