

Please sign, date, and return this form via email or fax to the attention of your Student Advisor (online) or Registrar Advising Specialist (ground). The appropriate fax number can be obtained from your advisor.

Student Information

First Name: _____ Last Name: _____ Student ID: _____

Phone: _____ Email: _____

Advisor: _____

Acknowledgements and Declaration(s)

I understand that changing specializations or requesting an additional specialization may result in the reduction of applicable transfer credit and total earned credits towards the completion of my degree. A reduction in total earned credits may also result in a decrease in the amount of financial aid for which I am eligible. Adding an additional specialization to my degree may also result in an increase in total program cost. I acknowledge that I have discussed these implications with my Student Advisor or the Registrar's Office (as applicable). I understand that I am responsible for reviewing, understanding and abiding by the requirements for this area of study in accordance with the current *University of the Rockies Academic Catalog*.

Master of Arts in Counseling

I am requesting to **REMOVE** a specialization in:

- Marriage, Couples, and Family Counseling
- Clinical Mental Health Counseling

I am requesting to **ADD** a specialization in:

- Marriage, Couples, and Family Counseling
- Clinical Mental Health Counseling

Student Signature: _____ Date: _____

Electronic signature not accepted