

Department of Educational Psychology & Counseling
REQUEST TO CHANGE MASTERS' / CREDENTIAL GOAL*

Name (print): _____

Telephone: (____) _____

E mail address: _____

Please check one line from each of the following two choices as well as indicating in which semester you are currently enrolled.

Check one:

____ I am currently enrolled in the _____ Master's program
or

____ I am currently enrolled in the _____ Credential program

I am in my _____ (1st, 2nd, 3rd, 4th, 5th) semester and have completed _____ units in this program.

Check one:

____ I wish to change to the _____ Master's program
or

____ I wish to add the _____ Credential program

Describe your reason for the requested change briefly below.

* Note: Changes in program goals may only made for the following fall semester.

Enrollment in specialization courses before admission to a program may only occur with express consent of the program coordinator regarding the specific course in question.

I understand that both the *sending* and *receiving* specialization programs must approve this change and that I will be responsible for completing all requirements that exist at the time of my entering the program for that program if accepted.

Signature: _____ Date of application: _____

For department use:

Signature of *sending* program coordinator: _____ Date: _____

Signature of *receiving* program coordinator: _____ Date: _____