



**MASTER OF ARTS – AREA OF FOCUSED STUDY
NOTIFICATION OF CHANGE**

PLEASE PRINT

Student Name: _____
Last *First* *M.I.*

Social Security Number: _____ Academic Advisor: _____

I have decided to change my Area of Focused Study as indicated below. I understand that, as a result, I may be required to complete and pay for additional coursework to fulfill the requirements of the new area of study I have chosen.

Previous Area of Focused Study: _____

New Area of Focused Study: _____

Student Signature: _____ Date _____

Advisor Signature: _____ Date _____

WHEN COMPLETED PLEASE SUBMIT TO REGISTRAR FOR STUDENT’S PERMANENT FILE

REQUEST FOR CHANGE OF ADVISOR

If a change in academic advisor will be necessary due to the subject area of the student’s requested change in area of focused study, please indicate below and submit this form **FIRST** to the dean of the Seminary, not the Registrar.

Change of Academic Advisor: _____ Requested _____ Not Requested

TO BE COMPLETED BY THE DEAN

New Academic Advisor: _____

Dean’s Signature: _____ Date _____