

Submission Instructions

Please sign, date, and return this form via email, fax, or e-sign to the attention of your Academic Advisor. The appropriate fax numbers can be obtained from your Advisor. **This form should only be used by former University of the Rockies students.**

Student Information

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

Phone: _____ Email: _____

Advisor: _____ Degree Program: MA PhD

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 Academic 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 *Ashford University Academic Catalog*.

Master of Arts in Human Services or Doctor of Philosophy in Human Services

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

- Mental Health Administration
- Nonprofit Management
- Standard Program of Study

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

- Mental Health Administration
- Nonprofit Management
- Standard Program of Study

Student Signature: _____ Date: _____

You have provided your consent to receive documents from Ashford University in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.