

### Submission Instructions

Please sign, date, and return this form via email or fax 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: \_\_\_\_\_

### Acknowledgements and Declaration(s)

I understand that adding or removing an optional concentration may result in the reduction of applicable transfer credit and total earned credits towards the completion of my degree. Adding a concentration to my degree may also result in an increase in total program cost. I acknowledge that I have discussed these implications with the Registrar's Office and Financial Aid Office. 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*.

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

- Clinical Neuropsychology
- Forensic/Correctional Psychology
- Health Psychology
- Marriage and Family Therapy
- Sport Neuroperformance

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

- Clinical Neuropsychology
- Forensic/Correctional Psychology
- Health Psychology
- Marriage and Family Therapy
- Sport Neuroperformance

### Acknowledgements

Students adding or removing concentrations understand the potential impacts to transfer credits and/or costs. Please see the Acknowledgements and Declaration(s) section above for more information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_