

# Area of Study Declaration PsyD, Clinical Specialization

Revised Date: 11/19/2020

## Submission Instructions

Please sign, date, and return this form via email at [RecordsUOR@UAGC.EDU](mailto:RecordsUOR@UAGC.EDU) or fax to the attention of your Academic Advisor. The appropriate fax numbers can be obtained from your Academic Advisor. **This form should only be used by former University of the Rockies students.**

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

## Acknowledgment 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 University of Arizona Global Campus Catalog.

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

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

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

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

## Acknowledgement

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: \_\_\_\_\_