

### 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  PsyD

### 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 Psychology or Doctor of Psychology

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

- Business Psychology
- Criminology and Justice Studies
- Educational Leadership
- Evaluation, Research, and Measurement
- Executive Coaching
- Health and Wellness Psychology
- Industrial Organizational (I/O) Psychology
- International Leadership
- Mediation and Conflict Resolution
- Mental Health Administration
- Non-Profit Management
- Organizational Consulting
- Organizational Diversity
- Organizational Leadership

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

- Criminology and Justice Studies
- Educational Leadership\*
- Health and Wellness Psychology
- Industrial Organizational (I/O) Psychology
- Mediation and Conflict Resolution

\*Available at the Doctoral level only.

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.