

Request to Change Program of Study

**Registrar
Adler Graduate School
10225 Yellow Circle Dr.
Minnetonka, MN 55343**

Name _____
last first e-mail address phone

Previous Program of Enrollment (if any): _____

Student is maintaining academic progress with no dispositional success plan _____ Yes _____ No
Student has not changed programs previously _____ Yes _____ No

Intended (New) Program of Enrollment:

Master of Arts

- _____ Co-Occurring Disorders & Addiction Counseling
- _____ Art Therapy
- _____ Clinical Mental Health Counseling
- _____ Marriage, Couples and Family Counseling
- _____ School Counseling
- _____ Applied Adlerian Psychology in Leadership

Certificate

- _____ Post Bacc Cert Co-Occurring Disorders & Addiction Counseling
- _____ Post Master's Certificate in Art Therapy
- _____ Post Master's Certificate in Counseling
- _____ Post Master's Certificate in School Counseling
- _____ Post Bacc Cert Applied Adlerian Psychology in Leadership

Calendar year, term, and session you intend to enroll in or change program: Year _____

_____ Fall Session 1 <i>(early October)</i>	_____ Fall Session 2 <i>(mid November)</i>	_____ Winter Session 1 <i>(early January)</i>	_____ Winter Session 2 <i>(mid February)</i>
_____ Spring Session 1 <i>(early April)</i>	_____ Spring Session 2 <i>(mid May)</i>	_____ Summer Session 1 <i>(early July)</i>	_____ Summer Session 2 <i>(mid August)</i>

***Student Signature** _____ **Date** _____

Previous PC Signature _____ **Date** _____

New PC Signature _____ **Date** _____

Director of Academic Affairs _____ **Date** _____

Registrar Signature _____ **Date** _____

New Advisor _____

**I understand the terms and conditions of changing programs and understand it is my responsibility to make sure I am working with my new program advisor.*