******

**G R A D U A T E**

**S C H O O L**

***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***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-Bac Cert Co-Occurring Disorders & Addiction Counseling

\_\_\_\_\_ Post Master’s Certificate in Art Therapy
 \_\_\_\_\_ Post Master’s Certificate in Counseling, MCFC

\_\_\_\_\_ Post Master’s Certificate in Counseling, CMHC

\_\_\_\_\_ Post Master’s Certificate in School Counseling

\_\_\_\_\_ Applied Adlerian Psychology in Leadership

***Calendar year and semester you intend to enroll in or change program:*** **Year \_\_\_\_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_Summer \_\_\_\_Fall \_\_\_\_Winter \_\_\_\_Spring

\***Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous PD Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

**New PD Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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.*