

Request to Change Program / Add Specialty

Registrar

Name: _____

e-Mail address: _____ phone: _____

Previous/Current Program of Enrollment: _____

Intended (New) Program of Enrollment:

Master of Arts

- Co-Occurring Disorders & Addiction Counseling
- Art Therapy
- Clinical Mental Health Counseling
- Marriage, Couple and Family Counseling

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 Expressive Arts Therapy

Intended (New) Specialty: Expressive Arts Therapy (EXAT)

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

- Summer Fall Winter Spring

Signatures: By typing my name below, I understand and agree that this form of electronic signature is equivalent to my manual signature.

*Student Signature: _____ Date:

Previous PC/Advisor Signature: _____ Date:

New PC/Advisor Signature: _____ Date:

Registrar Signature: _____ Date:

**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.*