

CHANGE OF SPECIALIZATION

Name of Student: _____

Student ID#: _____

Degree: _____ Division: _____

Current Specialization: _____

New Specialization: _____

Student's Signature: _____

Approved by: _____

Advisor Signature

Date

Approved by: _____

Chair of Division Signature

Date

Submit form for processing to the Student Records Office, 2nd Floor, GSE Building, 3700 Walnut Street, Philadelphia, PA.

Approved by: _____

Asst. Dean for Student Affairs

Date