

SPECIALIZATION ACTION FORM
 (Graduate Students)

ACAD-HISTORY-T

Print clearly and use ink (no pencil).

Royal ID	Name		
Program On-campus Online	College CAS KSOM PCPS	Cell Phone #	
Degree Program	Current Specialization(s)		
Scranton Email Address			
@scranton.edu			

<p>I seek to :</p> <p>Drop my Specialization: _____</p> <p>Change my Specialization to: _____</p> <p>Add another Specialization: _____</p>		
<table border="1"> <tr> <td>Student Signature</td> <td>Date</td> </tr> </table>	Student Signature	Date
Student Signature	Date	

Approval Signatures	Approved	Not Approved	Date
Current Mentor			
New Mentor (if applicable)			
Program Director			
Academic Dean			

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall.

<p>ORAS Office Use</p> <p><input type="checkbox"/> Mentor updated <input type="checkbox"/> Major (Major 1) changed <input type="checkbox"/> Concentration (Major 2) added</p> <p><input type="checkbox"/> CAPP code changed <input type="checkbox"/> Scan record</p>	Signature	Date
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