Change of Specialization Form
Doctoral Degree-Seeking Students

Doctoral students in Curriculum and Instruction may change their specialization within the same degree program by completing this form. Graduate students desiring a new degree program must complete a new application for graduate admission. The catalog year for the requested degree program specialization will be the catalog year of the effective semester in which the change was made.

Student Information

Name: ___________________________ UWF ID: ___________________________

Student Signature: ___________________________ Date: ______________________

Desired Program Change

Current Specialization Title: ___________________________

Desired Specialization Title: ___________________________

Desired Effective Semester: Fall [ ] Spring [ ] Summer [ ] Year: ______

1. Meet with your CURRENT Specialization Coordinator to review your plans of changing specialization. Stipulate the rationale below.

Current Specialization Coordinator: (Printed Name) ___________________________

Specialization Coordinator Comments: ___________________________

Specialization Coordinator Signature: ___________________________ Date: ___________

Department Chair Signature: ___________________________ Date: ___________

2. After meeting with your current Specialization Coordinator, schedule a meeting with the Academic Advisor to review your plans and to discuss the comments from your Current Specialization Coordinator. The Academic Advisor will review your courses and explain the implications of the decisions attained with your current Specialization Coordinator in relation to course transfers and possible changes to your graduation timeline. (Add comments on page 2)
3. After meeting with the Academic Advisor and reviewing possible course transfers and timelines for completion, you must meet with the Specialization Coordinator of the NEW specialization area. You will discuss the reason you wish to change your focus, review the transfer-ability of your courses and your graduation timeline. You and the new Specialization Coordinator will complete page 3 of this document, the Doctoral Specialization Transfer Articulation Agreement Form, on which a list of the courses that will be and will not be allowed in the new specialization area are documented along with the graduation timeline. Both you as the student, and the Specialization Coordinator will need to sign the Doctoral Specialization Transfer Articulation Agreement Form. You will then obtain the signature of the Department Chair for the NEW specialization area. (Attach Doctoral Specialization Transfer Articulation Agreement form).

4. Return the signed DOCTORAL SPECIALIZATION TRANSFER ARTICULATION AGREEMENT FORM to the Academic Advisor for review.

5. The Academic Advisor will review and forward the entire document, including the Doctoral Specialization Transfer Articulation Agreement Form, to the Ed.D. Program Office for review by the Director of Doctoral Studies. The form will then be sent to the Dean's office for signature before going to the Graduate School for final approval and processing.

**Director of Doctoral Studies Comments:**

Program Specialization Change: Approved [ ] Denied [ ]

Director of Doctoral Studies Signature: __________________________ Date: ____________

**CEPS Dean Comments:**

Program Specialization Change: Approved [ ] Denied [ ]

CEPS Dean Signature: __________________________ Date: ____________
DOCTORAL SPECIALIZATION TRANSFER ARTICULATION AGREEMENT FORM

Rationale:

Courses Transferring into new Specialization:

Courses NOT Transferring into new Specialization:

Degree completion timelines:

Student signature: ____________________________________________ Date: ________

New Specialization Coordinator: ________________________________ Date: ________

Department Chair of New Specialization: _________________________ Date: ________

Academic Advisor: ____________________________________________ Date: ________

Director of Doctoral Studies: ________________________________ Date: ________

CEPS Dean: ____________________________________________ Date: ________