

**DEPARTMENT OF COUNSELING
APPLICATION FOR SPECIALIZATION CHANGE**

Name _____ **Email** _____
 (Last name) (First name)

Address _____
 Street City State Zip Code

Phone () _____ **Student ID** _____ **Entry Year** _____

My current degree objective is:

My current specialization is:

A. CHANGING A SPECIALIZATION: (You must complete 600 hours of fieldwork in your specialization.)

I request to change my specialization to:

- 1) Attach an unofficial copy of your transcript and a statement discussing your reasons for changing specializations.
- 2) Discuss your change with your adviser, and ask him/her to sign below.
- 3) Return the completed and signed form and ALL ATTACHMENTS to the department office.

Note: I understand that I need to submit a separate Application for Addition or Deletion of Emphasis, if I wish to add or drop my current specialization.

Student: Initial Here _____

B. I request to add or drop MFT as my specialization and need to complete part C of this form. My current emphasis is now my specialization:

Student: Initial Here _____

C. IF YOUR CHANGE OF SPECIALIZATION CHANGES YOUR DEGREE OBJECTIVE, THEN:

MY NEW DEGREE OBJECTIVE IS _____

- 1) Complete the "Change of Graduate Program" (obtain from www.sfsu.edu/~gradstdy/forms/change-program-AH.pdf).
- 2) If you have filed a GAP, you need to complete a new GAP for your new degree objective; submit the GAP to your adviser for review and signature; you are STILL conditionally classified until your GAP is filed.
- 3) Submit your unofficial transcript, statement, Change of Graduate Program, this signed Application for Specialization Change (and, if required, Application for Addition/Deletion of Emphasis), and revised GAP (if necessary) to your adviser for his/her signature.

I have carefully read and understand the above procedures.

Signature of **Student** Date

I have spoken to my advisee and I approve this application.

Signature of **Adviser** Date

SUBMIT COMPLETED FORM AND ALL REQUIRED DOCUMENTS TO DEPARTMENT OFFICE BY FEBRUARY 1, 2009.

Failure to follow the above steps and include all appropriate documents will jeopardize your application.

The Selections Committee will review all requests for changes of specialization in the spring 2009 semester. A decision will not be made until early April. A copy of this form indicating the final decision will be mailed to you.

I have reviewed this request. Approve Deny

Signature of **Coordinator** Date

I have reviewed this request. Approve Deny

Signature of **Chair** Date