

**DEPARTMENT OF COUNSELING  
APPLICATION FOR SPECIALIZATION CHANGE**

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
 (Last name) (First name) (Email)

**Address** \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

**Phone** \_\_\_\_\_ **Student ID** \_\_\_\_\_ **Entry Year** \_\_\_\_\_

My **current** degree objective and 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 the following **required** documentation:
  - a. An unofficial copy of your transcript.
  - b. A statement discussing your reasons for changing specializations.
  - c. A new ATC/GAP (Advancement to Candidacy/Graduate Approved Program) form, **ONLY** if you already filed your ATC/GAP with the Graduate Studies office. (Download the form here: <http://www.sfsu.edu/~gradstdy/atc.htm>)
2. Complete part B of this form if :
  - a. You are adding or dropping MFT as your specialization.
  - b. You are adding or dropping School as your specialization
  - c. Your change in specialization will result in a change to your degree objective.
3. Submit a separate "Application for Addition or Deletion of Emphasis", if you wish to retain or drop your current specialization as an emphasis.
4. Discuss your change with your adviser. Sign the form and ask your adviser to sign below.
5. Return the completed and signed form and **ALL REQUIRED ATTACHMENTS** to the department office by **Feb 1st**.

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

**MY NEW DEGREE OBJECTIVE IS** \_\_\_\_\_

- 1) Complete the "Change of Graduate Program" (download from <http://www.sfsu.edu/~gradstdy/change-program.htm>). If adding or dropping School, you must complete this form in order to add or remove the PPS Credential with the Graduate Studies office.
- 2) If you filed an ATC/GAP, you need to complete a new ATC/GAP for your new degree objective.
- 3) Submit your unofficial transcript, statement, Change of Graduate Program, this Specialization Change application, an Application for Addition/Deletion of Emphasis (if required), and revised ATC/GAP (if previously filed) to your adviser for his/her signature.

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

**Notes:**

1. Please review your Student Advising Handbook for details on the different degree objectives in Counseling.
2. The Selections Committee will review all requests for changes of specialization in the spring 2012 semester only. A decision will not be made until early April. A copy of this form indicating the final decision will be mailed to you.
3. You are **STILL** conditionally classified until your ATC/GAP is filed. ATC/GAPs are filed for your specialization only.

**I have read and understand all of the above procedures.** \_\_\_\_\_  
 Signature of **Student** Date

I have spoken to my advisee and I approve this application. \_\_\_\_\_  
 Signature of **Adviser** Date

I have reviewed this request.  Approve  Deny \_\_\_\_\_  
 Signature of **Coordinator** Date

I have reviewed this request.  Approve  Deny \_\_\_\_\_  
 Signature of **Chair** Date