

## **Area of Study Declaration Human Services**

Revised Date: 11/19/2020

## **Submission Instructions**

Please sign, date, and return this form via email at <a href="RecordsUOR@UAGC.EDU">RecordsUOR@UAGC.EDU</a> or fax to the attention of your Academic Advisor. This form should only be used by former University of the Rockies students.

Student Information		
First Name:	Last Name:	Student ID:
Phone:	Email:	Student ID:Academic Advisor:
Degree Program  ☐MA ☐Ph.D.		
∐Pn.υ.		
applicable transfer credit an may also result in a decreas degree may also result in an Academic Advisor or the Re	specializations or requesting an addit d total earned credits towards the co e in the amount of financial aid for wh n increase in total program cost. I ack gistrar's Office (as applicable). I unde	tional specialization may result in the reduction of mpletion of my degree. A reduction in total earned credits nich I am eligible. Adding an additional specialization to my nowledge that I have discussed these implications with my rstand that I am responsible for reviewing, understanding nce with the current University of Arizona Global Campus
Master of Arts in Huma	an Services or Doctor of Philo	sophy in Human Services
I am requesting to <i>REMOVI</i>	E a specialization in:	
☐Mental Health Administra	tion	
□Non-Profit Management		
Standard Program of Stud	dy	
I am requesting to ADD a s	pecialization in:	
☐Mental Health Administra	tion	
□Non-Profit Management		
☐Standard Program of Stud	dy	



## **Acknowledgement**

Students adding or removing concentrations understand the potential impacts to transfer credits and/or costs. Please s	ee
the Acknowledgements and Declaration(s) section above for more information.	

Student Signature:	Date:	

You have provided your consent to receive documents from the University of Arizona Global Campus in an electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.

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