

## Area of Study Declaration Psychology (CMC/GP/ SPP)

Revised Date: 11/19/2020

**Student Information** 

## **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.

First Name:		Student ID:
Phone:	Email:	Academic Advisor
applicable transfer credit and may also result in a decrease degree may also result in an i Academic Advisor or the Reg and abiding by the requireme Catalog.	pecializations or requesting total earned credits toward in the amount of financial a ncrease in total program co istrar's Office (as applicable ents for this area of study in	an additional specialization may result in the reduction of Is the completion of my degree. A reduction in total earned credits id for which I am eligible. Adding an additional specialization to my ost. I acknowledge that I have discussed these implications with my e). I understand that I am responsible for reviewing, understanding accordance with the current University of Arizona Global Campus
Master of Arts in Psycho		
I am requesting to <i>REMOVE</i>		
Career Management and C	Counseling (CMC)	
General Psychology (GP)		
Sport and Performance Psy	/chology (SPP)	
I am requesting to <i>ADD</i> a spe	ecialization in:	
☐Career Management and C	Counseling (CMC)	
☐General Psychology (GP)		
Sport and Performance Psy	/chology (SPP)	
* Doctoral-level students in Ps	syD, Sport and Performance	e Psychology (SPP) will need to speak with their Academic
Advisor if they are interested	in a different specialization	
Acknowledgement		
Students adding or removing the Acknowledgements and [		the potential impacts to transfer credits and/or costs. Please see e for more information.
Student Signature:		Date: