

## PROGRAM/SPECIALIZATION CHANGE/DECLARATION FORM

**This form is for students who wish to request a change to their Program and/or Specialization.**

**INSTRUCTIONS:** Please fill out this form, send the form to your current Department Chair for signature approval, and then send it to your potential new Department or Specialization Chair for signature approval. The new chair should then email the form to [registrar@saybrook.edu](mailto:registrar@saybrook.edu). Students, please note that changes **are not guaranteed or official** until you have been notified by the Registrar's Office that your request has been processed. Processing for program changes will only occur between terms (after all grades are posted, and before the Add/Drop deadline of the subsequent term). Please plan accordingly.

### SECTION I: TO BE COMPLETED BY STUDENT

*(Please leave any non-relevant fields blank.)*

<b>Student Name</b> <i>(on student record):</i>	
<b>Current Degree Program:</b>	
<b>Current Certificate Program:</b>	
<b>Current Specialization:</b>	
<b>Requested Degree Program</b> <i>(indicate the program you hope to be accepted into):</i>	
<b>Requested Certificate Program</b> <i>(indicate the program you hope to be accepted into):</i>	
<b>Requested Specialization</b> <i>(indicate the new specialization you hope to be accepted into):</i>	

**If you are requesting a Specialization, please consult with your Academic Advisor and the Specialization Coordinator (if applicable to your program) and have them sign below.** *Note: Your program may not have these roles delineated and your Department Chair may be serving in these roles.*

Consultation with Academic Advisor	Name	Date
By signing, I approve the student's specialization change.		
Specialization Coordinator	Name	Date
By signing, I approve the student's specialization change.		

**Do you plan on seeking licensure with these changes?**     YES  NO

*Saybrook makes no assurances that its programs meet licensing requirements in all states. Students are responsible for determining requirements in the state in which they will seek licensure.*

### SECTION II: TO BE COMPLETED BY DEPARTMENT CHAIRS

*(All signatures must be obtained before submitting to the Registrar's Office.)*

Current Department Chair	Name	Date
By signing, I approve the student's program/specialization change.		
New Department Chair	Name	Date
By signing, I approve the student's program/specialization change.		

*For students who are changing their degree programs, please include a list of previously completed coursework (if any) approved to transfer into the new program and indicate what, if any, requirements these courses will satisfy.*

### SECTION III: TO BE COMPLETED BY REGISTRAR'S OFFICE

FOR OFFICE USE ONLY			
Registrar Processed:		Date Processed:	