

Hartford Seminary

Master of Arts - DECLARATION OF AREA OF FOCUSED STUDY

To be declared no later than the completion of 24 credits.

Please print:

Student Name: Last First M.I.

Social Security No.

Area of Focused Study:

Academic Advisor:

Student Signature: Date:

Advisor Signature: Date:

WHEN COMPLETED, PLEASE SUBMIT TO REGISTRAR FOR STUDENT'S PERMANENT FILE.

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REQUEST FOR CHANGE OF ADVISOR

If a change in academic advisor will be necessary due to the subject area of the student's newly declared area of focused study, please indicate below and submit this form first to the Dean of the Seminary, not the Registrar.

Change of Academic Advisor: Requested Not Requested

TO BE COMPLETED BY THE DEAN

New Academic Advisor:

Dean's Signature: Date: