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.

Area of Focused Study: ________________________________________________________________

Academic Advisor: ___________________________________________________________________

Student Signature: ___________________________ Date: __________________________

Advisor Signature: ___________________________ Date: __________________________

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

_____________________________________________________

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: __________________________