CHANGE OF GRADUATE SPECIALTY

Form must be completed by faculty coordinators of current and proposed area of specialty. Completed form must be returned to the Office of Student Services (Room P10G).

PLEASE NOTE: Specialty changes will be processed only at the beginning or end of a semester. Be sure to change your class schedule in OPUS as necessary.

Student’s Name ________________________________ Emory ID__________________

Current Graduate Specialty__________________________________________________

Specialty Coordinator _____________________________________________________

Signature of Specialty Coordinator_________________________ Date______________

Proposed Graduate Specialty________________________________________________

Specialty Coordinator_____________________________________________________  

Signature of Specialty Coordinator _______________________Date________________

What is your expected date of graduation? Term___________ Year __________

Revised 11/30/06