



HOLY NAMES UNIVERSITY Since 1868

Graduate Concentration/Certificate/Credential Program Change

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Catalog Year: \_\_\_\_\_

I am requesting the following deletion/addition of a concentration, certificate, or credential within my program, effective immediately. (Note: Changing from a certificate or credential program to a master's degree program requires a new admission application.)

[ ] Master of Arts in Educational Therapy Concentration:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

[ ] Master of Education Concentration:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

[ ] Education Credential Program:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

[ ] Master of Business Administration Concentration:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

Counseling Psychology Programs:

[ ] Delete MA in Counseling Psychology

[ ] Add MA in Counseling Psychology

[ ] Delete MA in Forensic Psychology

[ ] Add MA in Forensic Psychology

[ ] Delete Dual MA in Counseling/Forensic Psyc.

[ ] Add Dual MA in Counseling/Forensic Psyc.

[ ] Delete Certificate in Traumatology & Treatment

[ ] Add Certificate in Traumatology & Treatment

[ ] Delete Certificate in Forensic Psychology

[ ] Add Certificate in Forensic Psychology

[ ] Delete Certificate in Pastoral Counseling

[ ] Add Certificate in Pastoral Counseling

[ ] Master in Music Concentration:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

[ ] Master of Nursing Concentration:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

[ ] Delete Dual MBA Program

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please obtain the following approvals before submitting this form to the Student Resource Center.

Program Coordinator/s (as applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Department/Program Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar's Office Data Entry: \_\_\_\_\_

Date: \_\_\_\_\_