



## Specialization/Area of Study Change Form

Office of the Registrar • Email: [RegistrarOffice@pacificoaks.edu](mailto:RegistrarOffice@pacificoaks.edu) • FAX: (626) 466-3011 • Mailing Address: 55 Eureka Street, Pasadena, CA 91103

### INSTRUCTIONS:

<b>SECTION I:</b>	Fill in your student information in its entirety.
<b>SECTION II:</b>	a) Choose a Specialization/Area of Study to DROP. b) Choose a Specialization/Area of Study to ADD.
<b>SECTION III:</b>	This form must be sign by both student and Academic Advisor to be processed.
<b>SECTION IV:</b>	Submit the completed and signed form to the Office of the Registrar.

### SECTION I: STUDENT INFORMATION

Name:		ID Number:
Pacific Oaks Email:		International Student? <input type="checkbox"/>
Address:		City:
State:	Zip Code:	Preferred Phone:
Degree Level: <input type="checkbox"/> BA <input type="checkbox"/> MA    Program: <input type="checkbox"/> Human Development <input type="checkbox"/> Marriage & Family Therapy		

### SECTION II: SPECIALIZATION/AREA OF STUDY

<b>ADD</b>	<b>DROP</b>	<b>Human Development Students</b> <input type="checkbox"/> Development Across the Lifespan (Generalist) <input type="checkbox"/> Early Childhood Education and Development <input type="checkbox"/> Social Change <input type="checkbox"/> Therapeutic Companion (Not available Online) (B.A. students only) <input type="checkbox"/> Leadership in Education and Human Services (M.A. students only)
<b>ADD</b>	<b>DROP</b>	<b>Marriage &amp; Family Students</b> <input type="checkbox"/> Traditional <input type="checkbox"/> African-American Family Studies <input type="checkbox"/> Latina/o Family Studies <input type="checkbox"/> Trauma Studies <input type="checkbox"/> African-American Family Studies & Trauma Studies <input type="checkbox"/> Latina/o Family Studies & Trauma Studies

### SECTION III: APPROVALS

Student Signature:	Date:
Advisor's Signature:	Date:
Advisor's Printed Name:	

### SECTION IV: PROCESSING (Office of the Registrar Use Only)

Comments:	
Registrar's Office:	Date: