



William & Mary
School of Education

Request for Change of Emphasis within a Program Department

Please Print:

Student ID # 930 _____ Name _____

W&M Email _____ Alternate Email _____

Local Phone # _____ Alternate Phone _____

Degree Program & Area of Emphasis _____

Request emphasis be changed from

_____ to

_____.

APPROVALS

Former Advisor Signature: _____ Date _____

New Advisor Signature: _____ Date _____

Department Chair Signature _____ Date _____

TO STUDENT:

Once your request for a change of emphasis has been approved, please contact your new advisor at your earliest convenience to complete a new program of studies.

Office Use ONLY
Date processed: _____ Effective Term: _____