SHIPPENSBURG UNIVERSITY Shippensburg, Pennsylvania CHANGE OF MASTER'S DEGREE PROGRAM

THIS FORM MAY <u>NOT</u> BE USED TO DECLARE A GRADUATE MAJOR Contact the Admissions Office to change from non-degree to degree status.

S.U. ID:	and the second s	AOM WEST AND A STATE OF THE SHIP AND A STATE OF THE SH	
Last Name:F	irst/Middle Name:		
Any other name(s) under which your records may have	e been filed:		
Address:	Telephone Number:		
City:	State:	Zip Code	
I request to change my Master's Degree Program:			
FROM: MA MBA MED MPA MS MSW Cert.	TO: MA MBA MED	MPA MS MSW Cert.	
FROM:	TO:		
FROM:(Name of Old Program of Study)	(Name of New P	rogram of Study)	
Effective for New Program Code (if required see back):			
	w Cluster Code (if required see		
*Additional materials are required for application to the Psy are available in the Department Office. Incomplete application *If you are switching into a degree program that requires can candidacy application.	ons to these programs will not be c	considered.	
Signature of Applicant	Date:		
FOR OFFICE USE ONLY:			
SIGNATURES FOR APPROVAL:	Overall U/G QPA	A:	
Chair of New Department	Date		
Dean of New Department	Date		
Dean of Graduate Studies	Date_		
Rev. 08/07			

Codes, Areas of Specialization, Degrees

ED-MS-ADMI AS-MA-APHI AS-MS-BIOL BU-MBA-BSAD AS-MS-CMST AS-MS-COMP ED-MS-CNCO ED-MS-CNCM ED-MED-DCNS	Administration of Justice M.S Applied History M.A. Biology M.S. Business Administration M.B.A. Communication Study M.S. Computer Science M.S. Counseling (Col) M.S Counseling (Comm.) M.S. Counseling K-12 Dual M.S.	ED-MED-SECS Spec Ed (Comp) M.Ed. ED-MED-SEBD Spec Ed (BD) M.Ed. ED-MED-SELD Spec Ed (LD) M.Ed. ED-MED-SEMR Spec Ed (MR) M.Ed. ED-GCTN-SLTE Supt Ltr-Cert. ED-MSW-SOWK Master of Social Work GS-NODG Non-degree
ED-MS-CCPW	Counseling (Stud Per) M.S.	Supervisory Programs
ED-MS-CNMH	Counseling (MntHlth) M.S	
ED-MED-CRIN	Curriculum & Instruction M.Ed.	ED-GCTN-CESP Communication/English
AS-MS-GEST	Geo Env. Studies M.S.	ED-GCTN-CNSP Counseling
AS-MS-INSY	Info. Systems M.S.	ED-GCTN-ECSP Early Childhood
AS-MS-ORDL	Org. Dev. & Ldrshp. M.S.	ED-GCTN-ELSP Elementary Education
AS-MS-PSSC	Psychological Science M.S.	ED-GCTN-ENSP Environmental Education
AS-MPA-PUBL	Public Admin M.P.A.	ED-GCTN-FLSP Foreign Languages
ED-MED-RDGS	Reading Specialist M.Ed.	ED-GCTN-MASV Mathematics
ED-MED-SCAM	Sch Admin Principal K-12 M.Ed.	ED-GCTN-RDSV Reading
ED-GCTN-SCAD	Sch Admin Principal K-12 Cert.	ED-GCTN-SCSV Science
		ED-GCTN-SSSV Social Studies
		ED-GCTN-SESV Special Education
		ED-GCTN-PSSV Public Services

Codes, Areas of Specialization, Degrees

Cluster choice required with ED-MED-CRIN Curriculum & Instruction M.Ed.

ECCA	Early Childhood Cluster Option A MED with Early Childhood Education Specialization
ECCB	Early Childhood Cluster Option B MED and Certification
ECCC	Early Childhood Cluster Option C MED and Certification
ELED	Elementary Education Cluster
MIDS	Middle School Cluster
2BIO	Secondary Biology Cluster
2ENG	Secondary English Cluster
2GES	Secondary Geography/Earth Science Cluster
2HIS	Secondary History Cluster
2MAT	Secondary Mathematics Cluster
MDLN	Modern Language

Cluster choice required with AS-MS-ORDL Organizational Development and Leadership

PBOR	Public Organizations Concentration
INOR	Individual and Organizational Development Concentration
ENMG	Environmental Management Concentration
COMM	Communications Concentration
HESP	Higher Education Structure & Policy
SSTO	Social Structures & Organization
HSAD	Historical Administration
MGIS	Management Information Systems

Business Concentration

BUSI

SHIPPENSBURG UNIVERSITY DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL

Change of Specialization Form

THE STUDENT MUST COMPLETE BOTH SIDES OF THIS FORM AND OBTAIN ADVISOR AND TEAM LEADER SIGNATURES PRIOR TO HANDING IN AT THE OFFICE.

NAME:			DATE:		
SU#:					
Have you applied for Candidacy? (circle one) If YES, date applied			YES		NO
I hereby request a change from		t	to		
	signature below, I ha		n. 	ermission fr	om, my present
	R	Record of Action			
Approved	Denied	Advisor			Date
Approved	Denied	Specialization C	oordina	tor	Date
NOTE:					

<u>Before</u> candidacy, changes of specialization must be approved by present advisor and the proposed specialization team leader.

After Candidacy, changes require entire Department approval after submission of this form.