

FORM 13: REQUEST FOR CHANGE IN SPECIALIZATION

Instructions to Student: [1] Complete Part A; [2] Have your present (interim or permanent) faculty advisor complete Part B; [3] Submit this form to the Head of the specialization you wish to enter; [4] The Head of the specialization completes Part C and forwards to OGSAS, Biomed D-204; and [5] OGSAS sends to the Graduate Chair to complete Part D. **You will be notified of the action on your request via email.**

PART A: STUDENT		
1. STUDENT'S NAME (LAST, FIRST MI):	2. SEM/YR ADMITTED TO PROGRAM:	3. STUDENT'S EMAIL ADDRESS:
4. CURRENT AREA OF SPECIALIZATION (Select one): <input type="checkbox"/> EPIDEMIOLOGY <input type="checkbox"/> HEALTH POLICY & MANAGEMENT <input type="checkbox"/> NATIVE HAWAIIAN & INDIGENOUS HEALTH <input type="checkbox"/> SOCIAL & BEHAVIORAL HEALTH SCIENCES	REQUESTING CHANGE IN SPECIALIZATION TO (Select one): <input type="checkbox"/> EPIDEMIOLOGY <input type="checkbox"/> HEALTH POLICY & MANAGEMENT <input type="checkbox"/> NATIVE HAWAIIAN & INDIGENOUS HEALTH <input type="checkbox"/> SOCIAL & BEHAVIORAL HEALTH SCIENCES	
5. JUSTIFICATION FOR CHANGE IN SPECIALIZATION:		
I AM AWARE THAT IF MY REQUEST IS APPROVED, IT MAY AFFECT THE LENGTH OF MY STUDY PERIOD. Student's signature: _____ Date: _____		
PART B: PRESENT FACULTY ADVISER		
I HAVE DISCUSSED THE REQUEST FOR CHANGE IN SPECIALIZATION WITH THE STUDENT. MY COMMENTS ARE: Present faculty advisor's signature: _____ Date: _____		
PART C: HEAD OF NEW SPECIALIZATION		
1. CHECK ONE: <input type="checkbox"/> Approval is recommended; student has satisfactory background and preparation for my program. <input type="checkbox"/> Approval is recommended provided the student completes the specific deficiencies listed below <u>before</u> transferring: <input type="checkbox"/> Approval is <u>not</u> recommended. Reason:		
2. IF APPROVAL IS RECOMMENDED, COMPLETE THE FOLLOWING: ▪ As a result of the change in specialization, the expected date of graduation is <input type="checkbox"/> changed <input type="checkbox"/> unchanged. ▪ The expected date of graduation (semester/year): _____ ▪ Name of new faculty advisor assigned to this student: _____ Head of new specialization's signature: _____ Date: _____		
PART D: GRADUATE CHAIR		
<input type="checkbox"/> The change in specialization is approved. <input type="checkbox"/> The change in specialization is <u>not</u> approved.		
Graduate Chair's signature: _____ Date: _____		