

Please sign, date, and return this form via email or fax to the attention of the Registrar's office.

Campus.Registrar@rockies.edu fax: 719.389.0359

Student Information

First Name: _____ Last Name: _____ Student ID: _____

Phone: _____ Email: _____

Acknowledgements and Declaration (s)

I understand that adding or removing an optional concentration may result in the reduction of applicable transfer credit and total earned credits towards the completion of my degree. Adding a concentration to my degree may also result in an increase in total program cost. I acknowledge that I have discussed these implications with the Registrar's Office and Financial Aid Office. I understand that I am responsible for reviewing, understanding, and abiding by the requirements for this area of study in accordance with the current *University of the Rockies Academic Catalog*.

I am requesting to **ADD** a concentration in:

- Clinical Neuropsychology
- Forensic/Correctional Psychology
- Health Psychology
- Marriage and Family Therapy
- Sport Neuroperformance

I am requesting to **REMOVE** a concentration in:

- Clinical Neuropsychology
- Forensic/Correctional Psychology
- Health Psychology
- Marriage and Family Therapy
- Sport Neuroperformance

Acknowledgement

Students adding or removing concentrations understand the potential impact to transfer credits and/or costs. Please see the Acknowledgements and Declaration(s) section above for more information.

Student Signature: _____ Date: _____

Electronic signature not accepted