



## CHANGE OF FOCUS AREA REQUEST

**STUDENT NAME:** \_\_\_\_\_ **CUID:** \_\_\_\_\_

**PROGRAM:** \_\_\_ELEN \_\_\_CPEN

**DEGREE:** \_\_\_MS THESIS \_\_\_MS NON-THESIS

**FOCUS AREA:** \_\_\_\_\_

**Justification for Focus Area Change:**

**New Focus Area:** \_\_\_\_\_

**Focus Area Chair:** \_\_\_\_\_

(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**Past Focus Area:** \_\_\_\_\_

**Past Focus Area Chair:** \_\_\_\_\_

(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

**NOTE:** Unless this is your first semester, this form will not be approved unless you have submitted your GS2 Committee Selection and Plan of Study.

\_\_\_ **Approved**

\_\_\_ **Rejected**

\_\_\_\_\_  
(signature)

**ECE Graduate Program Coordinator**

**Date**

**RETURN THIS FORM TO THE GRADUATE STUDENT SERVICES COORDINATOR IN 102C RIGGS HALL**