

PHD SPECIALTY DECLARATION FORM

Department of Sociology

****This form should be completed no later than the start of year two in the PhD program****

Name: _____

Access ID#: _____

I hereby declare that I will pursue the _____ specialty in my graduate program. I understand that this declaration is binding until I notify in writing my Faculty Advisor and the Director of Graduate Studies that I wish to change my specialty.

Signatures:

Student

Date

Adviser

Date

Director of Graduate Studies

Date

Once all signatures are obtained, this form is to be turned in electronically to the Graduate Director, and a paper copy to:
2228 Faculty Administration Building
Sociology Department Office