

Request to Declare/Change Program of Study

Registrar
Adler Graduate School
10225 Yellow Circle Dr.
Minnetonka, MN 55343

Name _____
last first e-mail address home phone cell /other phone

Previous Program of Enrollment (if any): _____

Intended (New) Program of Enrollment:

Master of Arts

- _____ Co-Occurring Disorders (LPCC Track)
- _____ Co-Occurring Disorders (LMFT Track)
- _____ Art Therapy
- _____ Clinical Mental Health Counseling
- _____ Marriage and Family Therapy
- _____ School Counseling
- _____ Applied Adlerian Psychology

Licensure Only

- _____ Co-Occurring Disorders (Substance Use and Mental Health)
- _____ Art Therapy
- _____ Marriage and Family Therapy
- _____ Clinical Mental Health Counseling
- _____ School Counseling

Certificate

- _____ Co-Occurring Disorders (Substance Use and Mental Health)
- _____ Certificate in Clinical Mental Health Counseling
- _____ Applied Adlerian Psychology Certificate

Calendar year, term, and session you intend to enroll in or change program: Year _____

- | | | | |
|--|---|--|---|
| _____ Fall Session 1
<i>(early October)</i> | _____ Fall Session 2
<i>(mid November)</i> | _____ Winter Session 1
<i>(early January)</i> | _____ Winter Session 2
<i>(mid February)</i> |
| _____ Spring Session 1
<i>(early April)</i> | _____ Spring Session 2
<i>(mid May)</i> | _____ Summer Session 1
<i>(early July)</i> | _____ Summer Session 2
<i>(mid August)</i> |

Student Signature _____ **Date** _____

Previous PD Signature _____ **Date** _____

New PD Signature _____ **Date** _____

Registrar Signature _____ **Date** _____