

UO ID _____ **Last Name** _____ **First Name** _____

UO Email _____ **Major** _____ **Term Admitted** _____

Degree Level (check one): Masters Doctoral

Specialization Selection

Specialization: _____ **Term Declared:** _____

Enter the official name of the specialization you are declaring. The list of specializations can be found at graduatestudies.uoregon.edu/academics/programs/specializations

Student Signature: _____ **Date:** _____

Specialization Approval

By signing below, the department/program confirms that (1) this student has been admitted to the above-named specialization; (2) the student has met with the department/program and has a documented, approved course of study that establishes the requirements that must be completed for the above-named specialization.

Printed name: _____ **Date:** _____

Signature: _____

IMPORTANT INFORMATION ABOUT PURSUING SPECIALIZATIONS

Minimum Graduate School Requirements:

Students pursuing specializations are responsible for meeting minimum Graduate School requirements as outlined on the Graduate School website: <https://graduatestudies.uoregon.edu/current-students/graduate-specialization>

Graduating with the Specialization:

No later than Friday of Week 2 in the term of graduation the student must apply for graduation online, indicating the specialization student plans to receive.

The department/program administering the specialization must submit Statements of Completion approving or denying awarding of the specialization by the Tuesday following the term's grading deadline.

Division of Graduate Studies **Approved** **Denied** **Effective Term:** _____

Approval

Classification: _____

Signature: _____ **Date:** _____

Vice Provost or Designee