

Request to Change Doctoral Program Concentration

Candidate Information:

Name: _____ DePaul ID# _____

Phone: _____ Secondary Phone: _____

E-mail: _____

Former Concentration :

Educational Leadership, EdS _____ Curriculum Studies, EdS _____

Educational Leadership, EdD _____ Curriculum Studies, EdD _____

Global Catholic, EdD _____ Curriculum Studies, PhD _____

Higher Education, EdD _____ Early Childhood Education, EdD _____

New Concentration:

Educational Leadership, EdS _____ Curriculum Studies, EdS _____

Educational Leadership, EdD _____ Curriculum Studies, EdD _____

Global Catholic, EdD _____ Curriculum Studies, PhD _____

Higher Education, EdD _____

_____	_____	_____
Academic Advisor Signature	Degree	Date
Please print name: _____		
_____	_____	_____
Former Concentration Director Signature	Degree	Date
Please print name: _____		
_____	_____	_____
New Concentration Director Signature	Degree	Date
Please print name: _____		
_____	_____	_____
Student Signature	Degree	Date
Please print name: _____		