

Request to Change EdD Concentration

Candidate Information:

Name: _____ DePaul ID# _____

Phone: _____ Secondary Phone: _____

E-mail: _____

Former Concentration :

Educational Leadership____ Curriculum Studies____ Early Childhood Education____

New Concentration:

Educational Leadership____ Curriculum Studies____ Early Childhood Education____

_____	_____	_____
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: _____		