

**SPECIALTY DECLARATION FORM**  
**Department of Sociology**

Name: \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Studies Date: \_\_\_\_\_