Emphasis Change Application

NAME_____
Last (Print) First Initial Maiden Name

UWW STUDENT ID NUMBER __ __ __ __ __ __ __

PERMANENT ADDRESS_____
Street City State Zip County

MAILING ADDRESS (if different) _____Until ____/____/____
Street City State Zip

TELEPHONES: PERMANENT _____ MAILING _____ WORK _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

Current Program and Emphasis (Ex: Counseling –School) _____

New Program and Emphasis (Ex: Counseling – Higher Education) _____

Please mail the complete application to: School of Graduate Studies, 800 W Main St Whitewater WI 53190 or email to gradschl@uww.edu

Signature:_____ **Date:** _____