

Exploring Differences, Deepening Faith

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MASTER OF ARTS DECLARATION OF AREA OF FOCUSED STUDY

To be declared no later than the completion of 24 credits.

Please print:		
Student Name:Last	First	M.I.
Area of Focused Study:		
Academic Advisor:		
Student Signature:	Date: _	
Advisor Signature:	Date:	
REQUEST FOR CHANGE OF A	ADVISOR	
If a change in academic advisor will be nec	essary due to the subject area of th	
focused study, please indicate below and su	ıbmit this form <u>first</u> to the Dean o	f the Seminary, not the Registrar
Change of Academic Advisor:	Requested	Not Requested
TO BE COMPLETED BY THE I	DEAN	
New Academic Advisor:		
Dean's Signature:	Date:	

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