# Regional and International Conflict Specialization – Request to Revise Course of Study

Before submitting your plan, please ensure you meet the requirements on the back of this form.

Student Name: _______________________________  UO email: _______________________________

Home Department: _______________________________

Master’s Student □  OR  Doctoral student □  Target Graduation Term and Year: _______________________________

__________________________________________________________________________________  Student Signature  ________________

__________________________________________________________________________________  Date  ________________

Please list your updated course of study plan to fulfill your specialization.

## Specialization Plan:

<table>
<thead>
<tr>
<th>Department</th>
<th>Course Number</th>
<th>Course Title</th>
<th># Credits</th>
<th>Term/Year Planned</th>
<th>Category (see back)</th>
<th>Updated Course?</th>
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## Home Department Approval

By signing below, I confirm that this student is a master’s or doctoral student in my department and that the course of study listed above is appropriate for this student.

Home Department Head Name (Printed): ____________________________________________________________

__________________________________________________________________________________  Home Department Head Signature  ________________

__________________________________________________________________________________  Date  ________________

## Specialization Approval

Approved/Start Term: ________________  Denied/Reason: __________________________________________

__________________________________________________________________________________  Admin Specialization Approval  ________________

__________________________________________________________________________________  Date  ________________

CRES Faculty Director Signature  ________________  Date  ________________

Student Notified: ____________________