



Office of the Registrar
160 Herrick Road, Newton Centre, MA 02459
617-559-8642 (phone) 617-559-8825 (fax)

PETITION TO ADD SPECIALIZATION TO MASTERS DEGREE PROGRAM

Date: _____ Student ID # _____

Name (Last, First, MI) _____

Current Degree Program: Masters of Jewish Education
 Masters of Jewish Education/Jewish Studies

Specialization I would like to pursue in addition to Master's degree above:

- Early Childhood Jewish Education
- Interfaith Families Jewish Engagement
- Jewish Experiential Education
- Jewish Special Education
- Arts Education (dual degree only)

Student's Signature _____

Advisor's name: _____

Advisor's Signature _____

Date: _____

Return this form to the Office of Admissions

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Office Use only:

Form given to Department for approval: _____

Approved by _____

Approval Signature: _____ Date: _____

Return this form to the Registrar's Office.

Date Received by Registrar _____ Date Entered _____

Effective Date of Change: Year _____ Term _____