



Change of Specialization Form

Student's PeopleSoft number: _____

Student's Name (please print): _____

Student's Preferred Email: _____

You current degree program (please circle): FastTrack MLIS (online) MLIS(on-campus) MSIS MST

Your current specialization: _____

Requested specialization: _____

Term you want this change to begin: Fall 20__ Spring 20__ Summer 20__

Signature of specialization faculty advisor (please print and sign): _____

Student signature _____ Date _____

Please submit this completed form to Joyce Mitchell, room 506 IS Building, phone: 412-624-9460, email: mitchell@sis.pitt.edu, fax: 412-624-5231.