



WALSH UNIVERSITY
A Catholic University of Distinction

OFFICE OF THE REGISTRAR
 2020 East Maple St.
 North Canton, Ohio 44720-3336
 Phone: 330.490.7367
 Fax: 330.490.7372
 www.walsh.edu

SEMESTER _____

FOR OFFICE USE ONLY	
Date Received:	_____
Processed By:	_____

MBA - DECLARATION OF A SECOND SPECIALTY

To be submitted before students' last semester in which the first specialty area will be completed.

PLEASE PRINT: _____
NAME (Last) (First) (Middle)

SOCIAL SECURITY NUMBER: _____

CURRENT TERM: _____ YEAR: _____ CREDIT HRS COMPLETED: _____

CURRICULUM INFORMATION	
Degree: GRADUATE	Program: MBA
Current specialty:	Requested add'l specialty:

I have read the pertinent catalog policy on declaration of a second specialty. I have consulted with the MBA program. I understand that the responsibility for fulfilling all requirements for specialties rests with the student.

SIGNATURE OF STUDENT: _____ DATE: _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Other Phone Number _____

ACADEMIC DEPARTMENTAL USE ONLY

COURSES FOR:	<input type="radio"/> SECOND SPECIALTY

Note: The second declared specialty will require completion of 4 separate and unique courses (including the capstone course) as required for that specialty.

Signature of the MBA Director _____ Date _____