

Related Field of Study for the DMA

Instructions: Apply to your proposed Related Field as outlined on the DMA Related Field Admission and Course Requirements document. After you have been accepted and obtained the signatures below, please return this form to the Academic Coordinator. If necessary, update your Supervisory Committee to include a faculty member from the Related Field.

Name _____ Student ID# _____

E-mail address _____ Phone# _____

Area of Specialization _____

Proposed Related Field _____

Date of Related Field Audition/Date Related Field Materials Submitted _____

I have reviewed the student's application to the above-proposed Related Field and am hereby accepting them to that Related Field.

Related Field Area Head _____
Print Name Signature Date

As the Chair of the student's Supervisory Committee, I hereby give my approval for them to enter the above-proposed Related Field.

Supervisory Committee Chair _____
Print Name Signature Date
