

EASTERN CONNECTICUT STATE UNIVERSITY
GRADUATE DIVISION

CHANGE OF PROGRAM

Date _____

ID# _____

Last First Middle

Phone (H) _____ (W) _____

Email _____

Request to change program:

Current Program _____

New Program _____

NOTE: All coursework, including transfer credits, must be completed in the six (6) years immediately preceding the granting of the degree.

Approved by:

Student _____ Date _____

Current Advisor _____ Date _____

New Advisor _____ Date _____

Dean _____ Date _____

C: Registrar
Student
Current Advisor
New Advisor