

EASTERN CONNECTICUT STATE UNIVERSITY
GRADUATE DIVISION

CHANGE OF PROGRAM

Date _____

ID# _____

Last

First

Middle

Mailing Address

City

State

Zip

Email

Phone (H) _____ (W) _____

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