Student Name:

EASTERN CONNECTICUT STATE UNIVERSITY

83 Windham Street Willimantic, CT 06226

Amendment/Substitution Form INDIVIDUALIZED MAJOR PLAN

ID#

Form must be completed and submitted to faculty advisors and appropriate Dean for signatures. Signed original is to be submitted to the Registrar's Office. A signed copy is to be sent to each faculty advisor and kept on file at the Dean's office.

Major Title:			
Change Title to:			
	Course Changes:		
]	Please delete the following courses from my Plan	of Study:	
Discipline/ Number	Title	Crec	lits Co
	Please add the following courses from my Plan or	f Study:	
Discipline/ Number	Title	Credits	Repla
2. Course will	no longer offered. not be offered again prior to my planned graduationse specify below.	on date.	
	Signatures		Date
Student	Signatures		Date
Faculty Advisor	Signatures		Date
Principal Discipline	Signatures		Date
Faculty Advisor Principal Discipline Faculty Advisor			Date
Faculty Advisor Principal Discipline Faculty Advisor Supporting Discipline			Date
Faculty Advisor Principal Discipline Faculty Advisor			Date