

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