

**Eastern Connecticut State University**  
**Graduate Division**  
**Course Modification to Plan of Study for Certification Programs**

**Any Plan of Study Modification must be approved by the Dean of Education and Professional Studies/Graduate Division. Any such approval must be filed in writing with the Registrar's Office.**

This is to certify that \_\_\_\_\_ (Student's Name)  
Email: \_\_\_\_\_

\_\_\_\_\_  
Eastern ID #                      Certification Program                      Intended Graduation Date

**A: Substitution\*:**

Requests the substitution of the following course(s) requirement by another course:

ECSU Course Requirement	Credit Hours	Course Taken	Credit Hours
_____	_____	_____	_____
Course Subject/No./Title		Course Subject/No./Title	

Documentation: Transcript within 6 years\*

**B: Waiver\*:**

Requests the waiver of the following courses requirement:

ECSU Course Requirement	Credit Hours	Reason for requesting waiver
_____	_____	_____
Course Subject/No./Title		

Documentation: Work Experience within 6 years\*

**C: Course Added: ECSU Course Added to Plan Of Study (if applicable)**

\_\_\_\_\_                      \_\_\_\_\_  
Course Subject/No./Title                      Credit Hours

Documentation: Transcript

\*Please attach relevant documentation or course description and/or syllabus of the course.

Substitution / Waiver: Accepted \_\_\_\_\_ NOT Accepted \_\_\_\_\_

\_\_\_\_\_  
Signature of Advisor                      Date

\_\_\_\_\_  
Signature of Dean                      Date

cc: Registrar