



EASTERN CONNECTICUT STATE UNIVERSITY

Change of Information on Submitted Degree Application

(Submit to Registrar's Office once completed)

Name _____ Eastern ID _____

Telephone Number _____ Initial Application Date/Term _____

Please Note: It is assumed that you have discussed any significant changes to your plan with your Faculty Advisor or ASC - Advising. Please be sure that if you are making any additions to your plan (Major/Minor/Concentration), that you have a plan to complete any outstanding requirements by your anticipated graduation date.

Requested Change(s) to be made – Select as Appropriate

Change Diploma Name to:

First _____ Middle _____ Last _____ Suffix: _____

Change Graduation Date to (*write in year*):

August _____ December _____ May _____

Changes to Program of Study (include specific changes made such as *Add/Drop/Change TO Major/Concentration/Minor* and then list the appropriate program):

Signature _____

Date _____