



FORM 9 Request to Change Graduate Degree/Program, Major/Specialization, or Advisor

Declaring a new graduate degree or program, a new major or specialization, or requesting a new advisor is NOT automatic. Your request for these changes requires the Chair's approval within the major department. This form does not apply when you conclude a program/major and wish to be admitted for another one. Seeking admission to a new graduate program after graduation or completion of course requirements requires an application through the Graduate Admissions office.

Name:	CCSU ID:
Street:	Preferred Phone:
City/State/Zip:	Email:
Country:	
<i>Signature:</i>	<i>Date:</i>

To change your current graduate program or advisor: Please check the section or sections below that relate to the change you are making and specify the adjustment desired. **If you are changing your degree/program or major/specialization, consult the graduate website (www.ccsu.edu/grad) to determine if additional materials are required by the new academic department.** Submit your completed request to the Graduate School, Barnard Hall, Room 102.

Degree/Program - check appropriate "from" and "to" boxes.

From:	<input type="checkbox"/> Ed.D	<input type="checkbox"/> MA	<input type="checkbox"/> MAT	<input type="checkbox"/> MBA	<input type="checkbox"/> MS	<input type="checkbox"/> OCP	<input type="checkbox"/> Sixth Year	<input type="checkbox"/> Teacher Certificate
To:	<input type="checkbox"/> Ed.D	<input type="checkbox"/> MA	<input type="checkbox"/> MAT	<input type="checkbox"/> MBA	<input type="checkbox"/> MS	<input type="checkbox"/> OCP	<input type="checkbox"/> Sixth Year	<input type="checkbox"/> Teacher Certificate

Major/Specialization – complete each box.

From:	To:
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Advisor – Print name each box.

From:	To:
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Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Approved with Conditions <input type="checkbox"/>
Please describe the conditions applicable to this request: _____		

Please Print: _____	EFFECTIVE: _____ / _____	
<i>Department Chair</i>	<i>Semester</i>	<i>Year</i>
Please Sign: _____	Date: _____	
<i>Department Chair</i>		

Approved

Not Approved

Dean, School of Graduate Studies

Date