To the Student: Additional changes beyond the number provided on this form may require submission of a new Planned Program of Graduate Study. Please return this form to your academic advisor. Your cooperation is appreciated.

☐ Recommended  ☐ Not Recommended  

☐ Recommended*  ☐ Not Recommended*  

*Needed if you are enrolled in a graduate certification OR degree program which leads to Connecticut teacher or school professional endorsement and requires the recommendation of the preparing institution

☐ Approved  ☐ Not Approved