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.

<table>
<thead>
<tr>
<th>Name:</th>
<th>CCSU ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Preferred Phone:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Email:</td>
</tr>
<tr>
<td>Country:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

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:
    - ☐ Ed.D
    - ☐ MA
    - ☐ MAT
    - ☐ MBA
    - ☐ MS
    - ☐ OCP
    - ☐ Sixth Year
    - ☐ Teacher Certificate
  - To:
    - ☐ Ed.D
    - ☐ MA
    - ☐ MAT
    - ☐ MBA
    - ☐ MS
    - ☐ OCP
    - ☐ Sixth Year
    - ☐ Teacher Certificate

- ☐ Major/Specialization – complete each box.
  - From: 
  - To: 

- ☐ Advisor – Print name each box.
  - From: 
  - To: 

Approved ☐ Not Approved ☐ Approved with Conditions ☐

Please describe the conditions applicable to this request: ______________________________________________________

Please Print: ___________________________________________ EFFECTIVE: _____________ / _____________

Department Chair

EFFECTIVE: _____________ / _____________

Semester Year

Department Chair

Please Sign: ___________________________________________ Date: ______________________

Department Chair

Approved ☐ Not Approved ☐

Dean, School of Graduate Studies ______________________ Date ______________________

Rev.11/2015