



Graduate School—Central Connecticut State University, 1615 Stanley Street, New Britain CT 06050
Planned Program Course Substitution--CCSU Course Offerings Only

Name:	CCSU ID:
Street:	Phone: (H) ()
City/St/Zip:	(W) ()
Country:	Date:

Major:	Advisor:
Program: Doctorate <input type="checkbox"/> Master's <input type="checkbox"/> Teacher Certification <input type="checkbox"/> Sixth Year <input type="checkbox"/> Post-Master's <input type="checkbox"/> OCP <input type="checkbox"/>	

Required Courses	Department and Number (i.e., EDF 500, SPED 501)	Course's Abbreviated Name (i.e., Contemp Ed. Issues)	Credit Hours
1.			
2.			
3.			
4.			

Substituted CCSU Courses	Department and Number (i.e., EDF 500, SPED 501)	Course's Abbreviated Name (i.e., Contemp Ed. Issues)	Credit Hours
1.			
2.			
3.			
4.			

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* _____
Advisor's Signature Date

*Recommended** *Not Recommended** _____
Certification Officer, School of Education Date

*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* _____
Dean of Graduate Studies Date