

## SCHOOL OF GRADUATE STUDIES

## <u>Change of Degree/Program/Advisor</u> Add Certificate

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: |  |
|--------------------|--------------|----------|--|
| Student Email:     | @my.ccsu.edu | Phone:   |  |
| Student Signature: |              | Date:    |  |

To add a certificate to your current master's degree program: Please fill in the title of the certificate in the appropriate section below.

To change your current graduate program or advisor: Please check the section(s) below that relate to the change you are making and specify the adjustment desired. If you are changing your degree, program, or specialization or adding a certificate, 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 School of Graduate Studies, Barrows Hall, Room 120.

## Add Certificate to current Master's program

**Certificate Title:** 

**Requested Degree** - check appropriate boxes for the program you would like to change to.

| $\Box \text{ To: } \Box \text{Ed.D } \Box \text{DNAP } \Box \text{MA } \Box \text{MAT}$ | □MBA □MS □MSN | $\Box$ Sixth Year |
|---|---------------|-------------------|
|---|---------------|-------------------|

□OCP □Teacher Certificate

## □ Requested Major/Specialization

-Title:

**Requested Advisor** – <u>Print</u> name

To:

| Approved       |  | Not Approved | Approved with Condit | ions 🗆 |
|----------------|--|--------------|----------------------|--------|
| Please describ | be the conditions applicable to this i | request:     |                      |        |
|                |  |              |                      |        |
| Please Print:  |  | EFFECTIVE:   | /                    |        |
|                | Department Chair                       |              | Semester Yea         | r      |
| Please Sign:   |  | Date:        |                      |        |
|                | Department Chair                       |              |                      |        |
|                | Approved                               | Not Approved |                      |        |