SOUTHERN CONNECTICUT STATE UNIVERSITY

CHANGE IN APPROVED GRADUATE PLANNED PROGRAM

TO: REGISTRAR **DATE:** _____

Please make the following change(s) on the planned program of study for:

_____ _____
Student's Full Name Social Security Number/Banner ID

Degree of Certification program:_____ Area, Track, Specialization:_____

- **DELETE** (Prefix, number and title of the course(s) to be deleted):

- **ADD** (Prefix, number and title of the course(s) to be added):

- **TRACK CHANGE** (Specify Comprehensive Exam, Special Project, or Thesis):

- **JUSTIFICATION:**

_____ _____
Student's Signature Date Advisor's Signature Date

_____ _____
Department Chair's Signature Date Graduate School Dean/Assoc. Dean Date

Note: A change in the planned program is not official until approved by the School of Graduate Studies.

PLEASE FORWARD COMPLETED FORM TO THE REGISTRAR'S OFFICE (WINTERGREEN BLDG.) (This form and student's file will then be forwarded to School of Graduate Studies for approval.)

Rev. 06/03