



Application for Change of Graduate Program

Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797
Phone (413) 748-3530

This form is to be used for any changes to a student's graduate or concentration. (If applicable, any change of advisor should also be noted on this form)

Date: _____

I.D.# _____

Student Name _____
(Please print) Last First MI

Class _____

Important: Current information must be signed and dated by the current department chair. Changes must be approved and signed and dated by the department chair of the desired major / concentration. **The authorized signature for the School of Human Services is the Campus Director.** A list of current coding information is available through your department chair.

M A J O R		Chairperson signature	Date
	Current Major _____	_____	_____
	Desired Major _____	_____	_____

P R O G R A M		Chairperson signature	Date
	Current Program _____	_____	_____
	Desired Program _____	_____	_____

A D V	If applicable (please print clearly)	Chairperson signature	Date
	New Advisor 1 _____	_____	_____

Student signature: _____
Date

This completed form must be returned to the Registrar's Office for processing. Copies of completed forms will be sent to affected departments.

For office use only

Registration Information updated by: _____ Date: _____

Advising Information updated by: _____ Date: _____