

# REQUEST FOR CHANGE IN PLAN OF STUDY

THE GRADUATE SCHOOL/STATE UNIVERSITY OF NEW YORK AT NEW PALTZ

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Date: \_\_\_\_\_

Student: \_\_\_\_\_

TO: The Graduate School

ID#:

FROM: \_\_\_\_\_  
Advisor's signature

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program: \_\_\_\_\_

Concentration: \_\_\_\_\_

**Change from:** (Must list course # and title)

**To:** (Must list course # and title)

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_



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\_\_\_\_\_



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The following are still lacking:  GRE/MAT scores  Teaching certificate  Official baccalaureate transcript

Concurrence: \_\_\_\_\_  
Dean of the Graduate School

Date: \_\_\_\_\_

09/04

26-039