Application for Change of Program

The College of Saint Rose
Office of Graduate and Continuing Education Admissions
DeSales Hall, 919 Madison Avenue
518-454-5143 / www.strose.edu

Instructions:

- Submit this form along with a new Statement of Purpose indicating the reasons for the desired change.
- Consult Graduate Admissions to determine if new letters of recommendation or additional information such as art portfolios, writing samples or test scores are required.
- Sign and submit the Transcript Request Form so an original transcript can be sent to Graduate Admissions from the Registrar's Office.

After review of your materials, Graduate Admissions will notify you in writing of the faculty's decision. This process may take up to 4 — 6 weeks.

	Applicant Info	ormation	
Full Name:			
First	Middle	Last	
Address:			
Street Address	City	State	Zip Code
Phone numbers:		,	
Home		Business	Cell
Student ID or Social Security Nun	nber:		
	_		
	Program Info	rmation	
Desired Program:	and the same of th		
Current Program:			
Current Advisor:			
Change to take effect (semest	er, year):		
P	revious College and Ur	niversity Information	
Name of Institution	Dates Attended		Degree Received/Date
	6: 1	1.7	
	Signati		
I certify that my answers are tru	e and complete to the	e best of my knowled	lge.
Student Signature:			
Date:			