



REQUEST FOR CHANGE OF PROGRAM/CONCENTRATION

In order to process your Request for Change of Program/Concentration, all information must be filled out completely and all signatures must be obtained.

*Please return this completed form via mail or fax to:
Bridgewater State University, College of Graduate Studies
Maxwell Library, Room 019
Bridgewater, MA 02325
Phone: 508-531-1300
Fax: 508-531-6162*

Student Name (print or type)	_____
BSU Banner ID	_____
Telephone #	_____
Email Address	_____
Semester/Year of Change	_____

Current Program Information	
Current Program (Degree/Program/Concentration)	_____
Current Advisor Approval _____	Date _____
Current Graduate Coordinator Approval _____	Date _____

New Program Information	
New Program Request (Degree/Program/Concentration)	_____
New Advisor Approval _____	Date _____
New Program Graduate Coordinator Approval _____	Date _____

Note: Additional admission requirements may be necessary depending on program. Be sure to review the program requirements in the current university catalog or contact the College of Graduate Studies at 508.531.1300 or email gradschool@bridgew.edu.

