


**EAST STROUDSBURG
UNIVERSITY
of Pennsylvania**

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Zimbar-Liljenstein, Rm 154
East Stroudsburg, PA 18301-2999
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**Graduate & Extended
Studies**
**Amendment
to the Plan of Study and
Application for Candidacy
for Master's Degree**
I. Student Information

Student ID # _____	Last Name _____	First Name _____	Middle Initial _____	Former Name _____
Mailing Address _____		City _____	State _____	Zip Code _____
Home Phone # _____		ESU Email Address _____		

II. Degree Designation and Major

1. Master's Degree: ☐ M.A. ☐ M.Ed. ☐ M.P.H. ☐ M.S.

2. Major (Academic program): _____ Area of Concentration (If applicable): _____

1. Amendment

Prefix	Course #	Title	# of Credits	Grade	Delete	Add
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

2. Student Signature

Signature below acknowledges responsibility of the student to adhere to established academic policies, program requirements, and other procedures as stated in the Graduate Catalog in effect at the time of enrollment in the program. Further, once approved, any changes to the program requirements must be delineated and fully approved in a Plan of Study Amendment. Finally, all requirements identified in the Plan of Study must be fulfilled for conferral of degree.

Student Signature _____

Date _____

3. Department and Graduate & Extended Studies Approval

Signature designates approval of applicant's Plan of Study Amendment for the stated graduate degree and academic major.

Graduate Advisor _____ Date _____

Department Chair _____ Date _____

Graduate Coordinator _____ Date _____

Graduate Director _____ Date _____