EAST STROUDSBURG
UNIVERSITY
of Pennsylvania
Reibman Administration Building
East Stroudsburg, PA 18301-2999 (570)
422-3536 toll-free (866) 837-6130
Email: grads@esu.edu

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*
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

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 _____