

# 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](http://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 Information

Full Name: \_\_\_\_\_

First

Middle

Last

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

Street Address

City

State

Zip Code

Phone numbers: \_\_\_\_\_

Home

Business

Cell

Student ID or Social Security Number: \_\_\_\_\_

## Program Information

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

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

Current Advisor: \_\_\_\_\_

Change to take effect (semester, year): \_\_\_\_\_

## Previous College and University Information

Name of Institution

Dates Attended

Degree Received/Date

\_\_\_\_\_  
\_\_\_\_\_

## Signature

I certify that my answers are true and complete to the best of my knowledge.

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

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