



SAINT MICHAEL'S COLLEGE

**Graduate Education Program
Request for Change of Concentration or Licensure**

(Students must set up and interview with your new advisor to complete a Candidacy Form, etc.)

Student's Name: _____ Date: _____

Student ID #: _____ E-mail: _____

Address: _____

Telephone: _____ (home) _____ (work) _____ (cell)

CHANGE OF M.Ed. CONCENTRATION

Current M.Ed. Concentration:

New M.Ed. Concentration: _____

CHANGE OF C.A.G.S. CONCENTRATION

Current C.A.G.S. Concentration: _____

New C.A.G.S. Concentration: _____

CHANGE OF LICENSURE AREA

Current Licensure Area: _____

New Licensure Area: _____

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Please return to the GED Office, 317 St. Edmund's Hall.