



# SAINT MICHAEL'S COLLEGE

FOUNDED 1904

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

*(Student must set up an interview with new advisor to complete a Candidacy form, etc.)*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

SMC 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: \_\_\_\_\_

New Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to the GED Office, 314 Saint Edmund's Hall.*