



Graduate Education Program
Request for Change of Concentration or Licensure
(Student must set up an interview with new advisor to complete a Candidacy form.)

Student Name: _____ Date: _____

SMC Student ID #: _____ E-mail: _____

Address: _____

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

(1) CHANGE OF M.Ed. CONCENTRATION

<p>Current M.Ed. Concentration: _____</p> <p>New M.Ed. Concentration: _____</p>

(2) CHANGE OF C.A.G.S. CONCENTRATION to new CAGS or M.Ed

<p>Current C.A.G.S. Concentration: _____</p> <p>Circle one: New C.A.G.S. or M.Ed. Concentration: _____</p>
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(3) CHANGE OF LICENSURE/ENDORSEMENT AREA

<p>Current Licensure/Endorsement Area: _____</p> <p>New Licensure /Endorsement Area: _____</p>
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(4) ADDITION OF A CERTIFICATE PROGRAM

<p>_____ I have been admitted to the Holistic Restorative Education Certificate Program</p> <p>_____ I have been admitted to the Racial Equity & Educational Justice Certificate Program</p>
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Student's Signature: _____ Date: _____

New Advisor's (#1-3) or GED Director's (#4) Signature: _____ Date: _____

Please return to Director of Graduate Education at asakspavese@smcvt.edu.