

**EASTERN UNIVERSITY
GRADUATE STUDENT APPLICATION FOR CHANGE**

___ RESUME STUDIES AFTER INTERRUPTION OF ENROLLMENT (*of more than 12 months*)

___ CHANGE CATALOG YEAR ~ FOR PROGRAM REQUIREMENTS

___ CHANGE CONCENTRATION

___ ADD OR DROP CERTIFICATION AREA

STUDENT NAME _____ **ID# OR SSN** _____

FORMER NAME (*name change requires official documentation*) _____

CURRENT ADDRESS _____

CITY/ STATE/ ZIP _____ E-MAIL _____

PHONE HOME (____) ____ - _____ CELL (____) ____ - _____ WORK (____) ____ - _____

PREVIOUS PROGRAM OF STUDY, *if applicable* _____

LAST DATE OF ENROLLMENT _____

DATE REQUESTED ACTION WILL APPLY _____

CHANGE CATALOG YEAR **FROM:** _____ **TO:** _____

CHANGE CONCENTRATION **FROM:** _____ **TO:** _____

CERTIFICATION AREA **FROM:** _____ **TO:** _____

REASON FOR CHANGE _____

STUDENT'S SIGNATURE _____ **DATE** _____

Student submits completed form to Program Advisor for action:

Counseling Psychology	Vicki Gill	vgill@eastern.edu	FAX NUMBER 610-341-1585
Econ/International Development	David Bronkema	dbronkem@eastern.edu	484-581-1276
Education	Adele Ressler	aressler@eastern.edu	610-341-4393
Organizational Leadership	Sharon Gramby-Sobukwe	sgrambys@eastern.edu	484-581-1276
Urban Studies	K-Lee Johnson	kjohnso2@eastern.edu	215-848-2651

FOR PROGRAM USE ONLY

PROGRAM ADVISOR'S SIGNATURE _____ **DATE** _____

ACTION: **APPROVED** ___ **DENIED** ___ (*Denied application to be returned to student with explanation.*)

*Approved forms sent by Program Advisor to Office of the Registrar, St David, PA
registra@eastern.edu or FAX 610-341-1707*