



**EAST STROUDSBURG  
UNIVERSITY  
of Pennsylvania**  
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East Stroudsburg, PA 18301-2999 (570)  
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**Graduate & Extended  
Studies**

**Amendment**  
to the Plan of Study and  
Application for Candidacy  
for Master’s Degree

**I. Student Information**

Student ID #	Last Name	First Name	Middle Initial	Former Name
Mailing Address		City	State	Zip Code
Home Phone #		ESU Email Address		

**II. Degree Designation and Major**

1. Master’s Degree:     M.A.     M.Ed.     M.P.H.     M.S.

2. Major (Academic program): \_\_\_\_\_ Area of Concentration (If applicable): \_\_\_\_\_

**1. Amendment**

Prefix	Course #	Title	# of Credits	Grade	Delete	Add
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**2. Student Signature**

Signature below acknowledges responsibility of the student to adhere to established academic policies, program requirements, and other procedures as stated in the Graduate Catalog in effect at the time of enrollment in the program. Further, once approved, any changes to the program requirements must be delineated and fully approved in a Plan of Study Amendment. Finally, all requirements identified in the Plan of Study must be fulfilled for conferral of degree.

Student Signature	Date
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**3. Department and Graduate & Extended Studies Approval**

Signature designates approval of applicant’s Plan of Study Amendment for the stated graduate degree and academic major.

Graduate Advisor	Date	Department Chair	Date
Graduate Coordinator	Date	Graduate Director	Date