

MSE CHANGE of PROGRAM REQUEST FORM

Name: _____ Date: _____

STUDENT ID# _____

Student signature: _____

Losing Program Director signature _____

Gaining Program Director signature _____

Dean's signature (if required) _____

----- WITHDRAWAL FROM-----

I wish to **WITHDRAW* FROM** the following program:

MSE _____ Program

----- TRANSFER TO -----

I wish to **TRANSFER TO** the following program:

MSE _____ Program

**PLEASE SUBMIT COMPLETED FORM TO THE MSE OFFICE FOR
PROCESSING AS SOON AS POSSIBLR**

Please Note: Courses taken in the program from which you are withdrawing may not be accepted in the program to which you are transferring due to the requirements imposed by the School of Education and NYSED relative to the new program.