



The College of New Jersey  
Office of Records and Registration  
Green Hall, Room 112  
P.O. Box 7718, Ewing NJ 08628-0718  
(609)771-2141

<b>Last Name:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>	<b>TCNJ Email:</b>	<input type="text"/>
<b>PAWS ID:</b>	<input type="text"/>	<b>Program:</b>	<input type="text"/>

## GRADUATE CHANGE OF PROGRAM

Please obtain the signature of the graduate coordinator of the new graduate program. Once you have the necessary signatures, return this form to the Office of Records and Registration (Green Hall 112).

<b>Current Program:</b>	<input type="text"/>
<b>New Program:</b>	<input type="text"/>

*To be filled by Program Coordinator:*

<b>New Program PAWS Code:</b>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<i>Student Signature</i>	<i>Date</i>
<input type="text"/>	<input type="text"/>
<i>New Department Graduate Coordinator Signature</i>	<i>Date</i>