

CALIFORNIA STATE UNIVERSITY, CHICO
Graduate School
Application to Add an Academic Program

Effective term: Spring 20____ or Fall 20____

Chico State ID Number _____

_____ Last name First name Middle name

Mailing address _____

Home phone (____) _____ Work phone (____) _____ Cell (____) _____

E-mail: _____ Birth date: Month: ____ Day: ____ Year: ____

1. To apply for an **Additional Academic Objective** answer the following:

- My additional academic objective is: Master's Credential Certificate
- My additional discipline, option or emphasis: _____

2. As a **New Applicant** I want to be considered for two disciplines this term:

- I have applied on CSUMentor for the discipline of _____
- I also want to apply for the discipline of _____

List all institutions attended and location since applying to CSU, Chico as a postbaccalaureate student.	Enrolled				Units Completed		Degree Earned	Date (to be) Received		Fee Status
	From		To		Semester	Quarter		Date (to be) Received		
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.	Res/Non	

Applicant's Signature _____ **Date** _____

Mail form to: Graduate School, CSU, Chico, 400 W. First Street, Chico, CA 95929-0875

For office use only:

Admit ____ **Deny** ____

Classified ____
 Conditionally Classified ____

Please indicate if the GPA is equal to or greater than 2.5 in the last 60 semester units ____ or less than 2.5 ____.

Graduate Coordinator's
 Signature _____ Date _____