

**CALIFORNIA STATE UNIVERSITY, CHICO**  
**Graduate School**  
**Change of Discipline**

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: \_\_\_\_

Check Applicable Action:

- New academic objective: Master's  Credential  Certificate
- Intended new discipline, option or emphasis: \_\_\_\_\_
- Are you discontinuing your current program?  YES  NO

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		Res/Non		
	Mo.	Yr.	Mo.	Yr.			Mo.	Yr.	Mo.	Yr.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

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<b>For office use only:</b>	
Admit ____	Deny ____
Classified ____	
Conditionally Classified ____	
<i>Please indicate if the GPA is equal to or greater than 2.5 in the last 60 semester units__ or less than 2.5__.</i>	
Graduate Coordinator's Signature _____	Date _____
	Rev. 10/07