CALIFORNIA STATE UNIVERSITY, CHICO
GRADUATE SCHOOL

CHANGES TO MASTER'S PROGRAM PLAN

Any changes in your program must be approved by your committee and the graduate coordinator.

Name_____ Date_____

Chico State ID Number:_____

Changes approved by:

Committee Chair:_____
Name Signature

Committee Member:_____
Name Signature

Committee Member:_____
Name Signature

Graduate Coordinator:_____
Name Signature

I. Change of committee chair or members:

Add:_____ Delete:_____

Add:_____ Delete:_____

Previous committee members have been informed of any changes in committee membership. Yes_____ No_____

II. Change of course work:

Add:_____ Delete:_____

Add:_____ Delete:_____

Add:_____ Delete:_____

III. Change of master's degree program option:

Add:_____ Delete:_____

IV. Change of culminating activity:

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