

California State University, Chico
GRADUATE SCHOOL

INTERDISCIPLINARY STUDIES
PROGRAM CHANGE FORM

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

Name _____

Chico State ID Number _____ Date _____

Changes approved by:

Committee Chair: _____

Name

Signature

Committee Member: _____

Name

Signature

Committee Member: _____

Name

Signature

Graduate Coordinator: _____

Name

Signature

1. Change degree sought to: M.A. M.S.

2. Change title to: _____

3. Change committee chair or members:

Add: _____ Delete: _____

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

4. Change coursework:

Add: _____ Delete: _____

5. Change of major department(s) - requires approval signature from the new department:

Add: _____ Delete: _____

Departmental approval(s):

Chair or Graduate Coordinator Signature

Chair or Graduate Coordinator Signature