

## Application to Add or Change an Academic Program

Office of Graduate Studies  
California State University, Chico  
Chico, CA 95929-0875

Effective Term: Spring 20 **Or** Fall 20 Chico State ID Number \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Mailing Address

( ) \_\_\_\_\_  
Home Phone

( ) \_\_\_\_\_  
Work Phone

( ) \_\_\_\_\_  
Cell Phone

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
Month / Day / Year

### Check Applicable Action:

I would like to **ADD** the following **NEW** Academic Objective: \_\_\_\_\_

(Please specify **NEW** Master Degree Program, Option or Emphasis. **Or** specify **NEW** Credential or Certificate program.)

I would like to **DROP** my current program and **CHANGE** to the following Academic Objective: \_\_\_\_\_

(Please specify **NEW** Master Degree Program, Option or Emphasis. **Or** specify **NEW** Credential or Certificate program.)

List all institutions attended and location <b>since applying to CSU, Chico</b> as a post-baccalaureate student.	Enrolled				Units Completed		Degree Earned	Date Degree (to be) Earned		Fee Status Resident or Non-Resident
	From	To	From	To	Semester	Quarter			Mo.	
	Mo.	Yr.	Mo.	Yr.						

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

Bring completed form to the Office of Graduate Studies, Student Services Center #460 or mail to address above.

### *For office use only:*

**ADMIT** as:  Conditionally Classified or  Classified, **OR**  **DENY**

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

\_\_\_\_\_  
Graduate Coordinator's Signature

\_\_\_\_\_  
Date