

CALIFORNIA STATE UNIVERSITY, CHICO
OFFICE OF GRADUATE STUDIES

PROGRAM CHANGE FORM

Any changes in your program must be approved by your committee and the Graduate Coordinator.

Name _____ Student ID _____ Date _____

Changes approved by:

Note: Place signatures
over typed or printed
names at right →

Committee Chair: _____

Committee Member: _____

Committee Member _____

Graduate Coordinator: _____

I. Change committee chair or members:

Add: _____ Delete: _____

Add: _____ Delete: _____

Add: _____ Delete: _____

Have 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 culminating activity: