

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 since applying to CSU, Chico 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.	Yr.	
	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 cumulative in an acceptable baccalaureate program.

Graduate Coordinator's Signature

Date