

Changes to the Master's Program Plan

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

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: _____
Printed Name Signature

Graduate Coordinator: _____
Printed Name Signature

1. Change of committee chair or members:

Circle appropriate:

Add / Delete: _____
Printed Name Signature

Add / Delete: _____
Printed Name Signature

Add / Delete: _____
Printed Name Signature

2. Change of course work:

Add: _____ Delete _____

Add: _____ Delete _____

Add: _____ Delete _____

3. Change of master's degree program option:

Add: _____ Delete: _____

4. Change of culminating activity: _____

Interdisciplinary Studies Only:

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

2. **Change title to:** _____

3. **Change of major department(s)** – requires approval signature from the new department:

Add: _____ Delete: _____

Add: _____ Delete: _____

Departmental approval(s):

Chair or Graduate Coordinator Signature

Chair or Graduate Coordinator Signature