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

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

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