

Change of Objective for Currently Enrolled Graduate Students

APPLICANT After completing this form, submit it to the Office of Admissions and Records for processing. *Please print clearly!*

Name _____ CSUN ID
Address _____ Phone _____
City _____ State ____ Zip _____ E-mail _____

Current Program _____ Today's Date _____

REQUEST CHANGE FROM

- Current Masters to a Masters in: _____
- Current Masters to a Second BA/BS in: _____
- Second BA/BS to a Masters in: _____

REQUEST ADD

- Keep Credential and add Masters in: _____

REQUEST DROP

- Drop Masters and keep Credential in: _____

CHANGE EFFECTIVE (indicate desired semester and year): Spring Semester Year _____

Fall Semester Year _____

Comments:

Student's Signature

Date