

Request for Postbaccalaureate/ Graduate Change of Objective



California State University
Dominguez Hills

This form is to be used ONLY by **currently enrolled** postbaccalaureate or graduate students (graduate major, credential, certificate, or second baccalaureate program students) in good standing who wish to change their academic objective or their status within a program. **Attach the most recent unofficial copy of transcripts reflecting the last 60 units of coursework**, including CSUDH units, to this form and submit to the Office of Graduate Studies.

***Note: Students cannot make changes during their first semester at CSU, Dominguez Hills.**

White – Office of Graduate Studies
Yellow -

Student

Pink - Program Coordinator

Please print and complete all contact information

Name: _____ MyCSUDH or SS No.: _____

Address: _____ Phone (day): _____

City, State & Zip Code: _____ Phone (evenings): _____

Email address: _____

I. Change of Objective (to be completed by student)

Complete this section, return it to the Office of Graduate Studies, and consult Program Coordinator about additional information you will need to submit.

1. My current program is _____
Expected Graduation Date

2. I request to **change** my program from _____ to _____.
OR

3. I request to (circle one) **Add Drop** the program noted below:

a. Graduate Program _____
Major - Option (must be specified if major has more than one)

b. Certificate Program _____
Title

c. Credential Program _____

d. Second Bachelor's Degree _____
Major - Option (must be specified if major has more than one)

Student Signature

Date

II. Program Coordinator Recommendation (When completed, return form to the Office of Graduate Studies, WH D440)

1. Deny admission/status change: Please state reason _____

2. Admit to program/change status as shown in I. above

Major - Option (must be specified if major has more than one)

With classified status

With conditionally classified status. Be certain to inform student of the conditions. If the student does not fulfill the conditions of admission and continuation in a program, the coordinator may administratively disqualify the student from the program by sending a memo to the Office of Graduate Studies.

Program Coordinator (Print)

Signature

Extension

Date

FOR OFFICE USE ONLY

Change of status entered by: _____

Academic Plan: _____

Student St:

Academic Program:

Date processed: _____
Revised 9/2010

Effective Term: _____