

Request for Post Baccalaureate / Graduate Change of Objective Form

SUBMISSION DEADLINES

2 weeks prior to 1st day of the semester

This form is to be used **ONLY** by currently enrolled post-baccalaureate or graduate students (graduate program, credential, certificate or second baccalaureate program students) in good standing who wish to change their academic objective or their status within a program (3.0 GPA for MS/MA and 2.5 for credential/certificate).

Name _____ CSUDH Student ID _____ F1 Visa

Email Address: _____ Phone Number _____

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

Complete this section and consult Program Coordinator about additional information you will need to submit.

1. My current program is _____

Current GPA _____ Expected Graduation Date _____

2. I request to change my program to _____
OR

3. I request to add the program noted below:

Program _____

Please Check: Credential Certificate

4. Effective Term: Spring _____ Summer _____ Fall _____
Year Year Year

Student Signature

Date

II. Program Coordinator Recommendation, Please indicate academic code (When completed, return form to the Office of Graduate Studies, Welch Hall D445)

Academic Code: _____

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

2. Approve request/ change status as shown above

Program Option

with classified status

With conditionally classified status. Be certain to inform the student of the conditions. If the student does not fulfill the conditions of admission and continuation in the 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: _____
(Form Rev. April 2019)

Date Processed