

PROGRAM CHANGE REQUEST

(DO NOT USE THIS FORM TO CHANGE LEVELS - YOU MUST RE-APPLY THROUGH THE APPROPRIATE ADMISSIONS OFFICE TO CHANGE LEVELS)

LEVEL: UNDERGRADUATE POST-BACCALAUREATE MASTER'S/ED.S GRAD LIC/CERT DOCTORAL

Name: _____ CSU ID: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell/Work Phone: () _____

E-Mail: _____

Student's Signature _____ Date Submitted: ____/____/____

PROGRAM CHANGE (Must meet with an ESSC Advisor prior to submitting this form)

FROM: _____ TO or ADD: _____

(use ADD when seeking a 2nd license or a certificate concurrently with 1st program)

Concentration # 1: _____ Concentration # 1: _____

Concentration # 2: _____ Concentration # 2: _____

(In most cases, changing programs requires a change of faculty advisor. If you have made previous arrangements with an advisor in your new program, please indicate below the advisor's name and obtain his/her approval and signature. If you do not have a preference for an advisor, one will be assigned to you by the Education Student Services Center.)

ADVISOR FOR NEW PROGRAM (Please Print): _____

SIGNATURE OF NEW ADVISOR (Indicating Acceptance of New Advisee): _____

OFFICE LOCATION: _____ OFFICE PHONE: _____ DEPT. PHONE: _____

This section for ESSC use only:

GRADUATE STUDENTS

UNDERGRADUATE/POST-BACC STUDENTS

Eligible for new program? Yes No

Eligible for new program? Yes No

Needs a program of study? Yes No

Needs a program checklist? Yes No

(If yes, must make an appointment with an ESSC Advisor for a new POS) (If yes, must make an appointment with an ESSC Advisor for a new checklist)

COMMENTS: _____

Processed by: _____ Date: ____/____/____ Data Entered by: _____ Date: ____/____/____