



C A L S T A T E  
**FULLERTON**

*Office of Graduate Studies*  
 McCarthy Hall 103  
 (657) 278-2618

## REQUEST FOR CHANGE IN STUDY PLAN FOR THE MASTER'S DEGREE

Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Degree Program: \_\_\_\_\_

I request the following change(s) in my study plan for the master's degree. (List department name, course number, course title and units.)

<b>FROM</b>	<b>TO</b>
_____	_____
_____	_____
_____	_____

Reason for request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Request Approved       Request Denied (Reason): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Graduate Program Adviser