



C A L S T A T E
FULLERTON

Office of Graduate Studies
McCarthy Hall 103
(714) 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.)

FROM	TO
_____	_____
_____	_____
_____	_____

Reason for request: _____

Signed _____ Date _____

<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied (Reason): _____
Signed _____	Date _____
Graduate Program Adviser	