



CALIFORNIA STATE UNIVERSITY

FULLERTON

Office of Graduate Studies

McCarthy Hall 112

(657) 278-2618

REQUEST FOR CHANGE IN STUDY PLAN FOR A GRADUATE DEGREE

Use this form to request a change to a study plan such as changing a course(s), committee member(s), or exit option. The academic department must submit this form to the Office of Graduate Studies.

Name _____ Student ID No. _____

Address _____ Phone _____

Degree Program: _____

I request the following change(s) in my study plan (list department name, course number and title, units):

FROM

TO

Reason for request: _____

Signed _____ Date _____

Reviewed by Department Staff (if required by the department)

Signed _____ Date _____

Department Staff

If the student's thesis/project/dissertation committee is already constituted:

☐ Request Approved ☐ Request Denied (Reason): _____

Signed _____ Date _____

Thesis/Project/Dissertation Committee Chair

☐ Request Approved ☐ Request Denied (Reason): _____

Signed _____ Date _____

Department Graduate Program Adviser