



## Change of Objective for Currently Enrolled Graduate Students

**INSTRUCTIONS:** Download and complete the form. Once the form has been completed, please email to the appropriate office (please see department emails in the right-hand corner of the form).

**NOTE:** If a student is not in good academic standing, we cannot process your Change of Objective form.

Name: \_\_\_\_\_ CSUN ID:

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### PROGRAM INFORMATION

Current Program: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### REQUEST CHANGE FROM

☐ Current Master's to a Master's in: \_\_\_\_\_

☐ Current Master's to a 2<sup>nd</sup> Bachelor's in: \_\_\_\_\_

☐ 2<sup>nd</sup> Bachelor's to a Master's in: \_\_\_\_\_

### REQUEST ADD

☐ Keep Credential and add Master's in: \_\_\_\_\_

☐ Keep Certificate and add Master's in: \_\_\_\_\_

☐ Keep Master's and add Certificate in: \_\_\_\_\_

☐ Keep Master's and add Credential in: \_\_\_\_\_

### REQUEST DROP

☐ Drop Master's and keep Credential in: \_\_\_\_\_

☐ Drop Master's and keep Certificate in: \_\_\_\_\_

☐ Drop Credential and keep Master's in: \_\_\_\_\_

☐ Drop Certificate and keep Master's in: \_\_\_\_\_

**CHANGE EFFECTIVE** - Indicate desired semester and year:

☐ Spring Semester Year \_\_\_\_\_

☐ Fall Semester Year \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date