

POSTBACCALAUREATE CHANGE OF OBJECTIVE

This form must be submitted to the **Office of Academic Records' Evaluations Unit**, with all required signatures, by the end of the 4th week of the quarter prior to the quarter you will begin the new program. Take into consideration that it may take several weeks to obtain all signatures. Failure to meet the above deadline will result in a one quarter delay in processing and create registration and student account calculation consequences.

Name _____ Student ID# _____
 Address _____ Phone _____
 _____ Email _____

1. My current objective/major/specialization is: To obtain both BS and MS in Computer Science

2. I request permission to: (check below and give full name of specific objective/program)
X CHANGE / ADD the objective of BMS in Computer Science
 (circle one) For official use only: Plan code _____

_____ DROP the objective of _____

▪ My objective(s) will then be: (check all that apply)
 _____ Master's only _____ Master's and Credential X BMS / 4+1
 _____ Credential only _____ Bachelor's only

▪ I request that this change take effect starting: _____ (specify quarter and year)

▪ GPA _____ (for Cred/Master's/BMS, calculate last 90 QTR units; for 2nd baccalaureate, include all units)

3. Give reason(s) for change of objective:
To add my pursuit of both a BS and MS in Computer Science via the 4+1 program.

4. Student's Signature _____ Date _____

5. APPROVALS - PROPOSED PROGRAM

Note: If master's/credential, obtain a, b, and c signatures. All others obtain only b and c signatures.

a. Dept. Head _____ Approve _____ Disapprove _____
 Signature _____ Date _____

b. Advisor/Coordinator: _____ Approve _____ Disapprove _____
 Signature _____ Date _____

c. College Dean: _____ Approve _____ Disapprove _____
 Signature _____ Date _____

6. ACKNOWLEDGMENT - CURRENT PROGRAM

Note: Master's/credential requires the Graduate Coordinator's signature. Second baccalaureate requires the Dept. Head's signature.

Dept. Head/Coord. _____ Date _____

Return completed form to the Office of Academic Records – Evaluations Unit

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| For official use only: OAR APC / Date: _____ |
| Credential Analyst: _____ CBEST: _____ CRT OF CLEARANCE: _____ |