



Graduate Academic Objective Change Request

CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
OFFICE OF THE REGISTRAR
STUDENT SERVICES BUILDING 47
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RECORDS@CSUMB.EDU

Instructions: This form is used to request an academic objective change from graduate degree to credential or certificate only. Do not use this form for program changes if you are completing your current program.

1. Complete Part 1, Part 2 (change requested), Part 3 (additional approvals), and Part 4 (signature).
2. Department submits completed form to the Office of the Registrar no later than two weeks prior to the first day of term, for the term in which the change is effective.
3. Students will be notified via email of request status. All communication will be sent via CSUMB email.

Part 1: Student Information

Student ID	Last Name	First Name
Phone Number	E-mail Address	

Part 2: Academic Objective Information

Current Objective:
New Objective:
Term Change effective: Fall 20_____ Spring 20_____

Part 3: Additional Authorizations (Signature required if applicable)

Authorizing Areas & Type of Authorization	Required For	Signature	Date
Financial Aid Representative Consult	FA recipients		
Current Grad Program Coordinator Approval	Grad Students		
International Programs Advisor Approval	Intl F1/J1 Stdnts		
VA Coordinator Consult	Veterans Benefits		

Part 4: Student Signature

By signing this form, I certify that all information contained herein is correct and complete. I understand that this academic objective change can only be completed once and it may change my eligibility for financial aid or VA benefits.

STUDENT SIGNATURE: _____ **DATE:** _____

DEPARTMENT USE ONLY

New Program Coordinator/or Designee's Signature:	Name (printed)	Date:	
		Approve	Deny
New Program Admission:	Full Admit, Cred/Cert (5)	Conditional, Cred/Cert (C)	
Credential series update:	Confirm term change effective:		

OFFICE USE ONLY

Office of Registrar update
Office of Admissions update