



Request to Change Application Term

California State University, Bakersfield | Office of Admissions and Records
9001 Stockdale Highway | Bakersfield, CA | 93311-1022
(661) 654-3036 | Fax: (661) 654-3389

Name: _____

Campus ID No. Birth Date: / /

Original Application Term: _____
Quarter Year

Requested Application Term: _____
Quarter Year

Student's Signature: _____ Date: _____

Approved

Not Approved

____ Existing Hard Copy File

____ Existing Electronic File (HSC)

____ Change Term in Banner

____ Letter Generation