

Petition and/or Change of Program Specifications

Name _____ ID# _____

Home or Cell Phone _____ Advisor _____

Area of Master's Concentration (Please check current program):

Bilingual

Counseling:

School Counseling
Student Affairs

Curriculum and Instruction:

Specialty Options – Disciplines
Field Based Specialty
Educational Technology

Educational Administration

Reading and Literacy

Special Education

Early Childhood Education

Student Signature: _____ Expected date of Completion: _____

This is a petition to request: (Check)

Change of Program from _____ to _____

Transfer of credits Substitution of courses Waiver of requirements Extension of 7 yr. time limit (MA requirement)

Waiver of Prerequisite: CA Teaching Credential (Attach "Memorandum of Understanding" form) Other _____

Please make the following change(s) on this student's Program of Study for the: MA/MS only **or** Credential only **or** Both MA/MS & Credential

MA/MS	SC	Add	Delete	Dept/No	Title	Qtr/Yr Taken	Unit Value	Grade	Qtr/Yr Expired	Instructor	Currency Competency Verified	College University

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Advisor Date </div>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Program Coordinator Date </div>
<input type="checkbox"/> Approved through: (Term & Year) _____ <input type="checkbox"/> Denied <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Coordinator, Graduate Studies, School of Education Date </div>	<input type="checkbox"/> Approved through: (Term & Year) _____ <input type="checkbox"/> Denied <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Dean, Graduate Studies & Research Date </div>

CSUB School of Education – Graduate Studies Office
Original: (1)SOE Graduate Studies File

Office Use Only: A&R Evaluator _____
Copies to: (2)Student (3)Advisor (4)Admissions & Records