Instructions for Change of Graduate Objective

Instructions for the student:
You may request a change of graduate objective at any point in your graduate career. You should file an Application for Change of Graduate Objective if you are in one of these academic categories:

- You are a continuing CSUEB post-baccalaureate student who wishes to change your degree or credential program
- You are changing from an unclassified status to a graduate degree or credential program
- You are a CSUEB master’s degree recipient who wishes to continue into a new MA/Credential program the following term
- You are a dual master’s degree applicant

In order for your Application for Change of Graduate Objective to be considered, you must follow these steps:

1. You must check with your major department regarding the departmental application deadline and supporting documents required for admission consideration, prior to submitting this form. Also, if you are unsure, check with your department if your major is classified as State Support or Self Support.
2. Submit this form in person to the First Floor, Student Administration (SA) Bldg., Hayward Campus, or fax to (510) 885-4076.

The Application for Change of Graduate Objective will only be accepted during the following dates:

- **Summer Quarter:** Feb. 1 - Mar. 31
- **Fall Quarter:** Oct. 1 – June 15
- **Winter Quarter:** June 1 - Aug. 31
- **Spring Quarter:** Aug. 1 - Dec. 31

*Please be advised, changing your graduate objective may affect financial aid. Please contact the Office of Financial Aid directly at (510) 885-2784 or finaid@csueastbay.edu.*

After this form is submitted to Graduate Admissions by the student, the academic department will be notified so an admission decision can be made.

Note to the department:
Academic departments must submit a decision on any Application for Change of Graduate Objective by the following dates in order for the change to become effective in time for the designated quarter (no later than the third week in the term prior to the entry of the program):

- **Summer Quarter:** Apr. 15
- **Fall Quarter:** July 1
- **Winter Quarter:** Oct. 15
- **Spring Quarter:** Jan. 15
Application for Change of Graduate Objective

1. Legal name: _____________________________ NetID: ________________
   LAST (FAMILY) FIRST MIDDLE

2. Mailing address: __________________________
   STREET ADDRESS CITY STATE COUNTY ZIP

3. Date of Birth ____________________________

4. Contact Phone ____________________________

5. Desired term of admission (check one term only):
   ☐ Summer ☐ Fall ☐ Winter ☐ Spring

6. Please select only one of the following options.

Option 1: You are a continuing CSUEB student who wishes to change your degree or credential program to:
   ☐ Master’s degree only ☐ Credential only ☐ Master’s degree and Credential

   Master’s degree major: _____________________________ Option/emphasis, ________________
   ☐ State Support ☐ Self Support
   Certificate objective, if any _____________________________ Credential objective, if any ________________

Option 2: You are changing from an unclassified status to a graduate degree or credential program:
   ☐ Master’s degree only ☐ Credential only ☐ Master’s degree and Credential

   Master’s degree major: _____________________________ Option/emphasis, ________________
   ☐ State Support ☐ Self Support
   Certificate objective, if any _____________________________ Credential objective, if any ________________

Option 3: You are a CSUEB master’s degree recipient seeking a second master’s degree or credential:
   ☐ Master’s degree only ☐ Credential only ☐ Master’s degree and Credential

   Master’s degree major: _____________________________ Option/emphasis, ________________
   ☐ State Support ☐ Self Support
   Certificate objective, if any _____________________________ Credential objective, if any ________________

Option 4: Dual master’s degree request:
   ☐ Master’s degree only ☐ Credential only ☐ Master’s degree and Credential

   Master’s degree major: _____________________________ Option/emphasis, ________________
   ☐ State Support ☐ Self Support
   Certificate objective, if any _____________________________ Credential objective, if any ________________

I hereby certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission.

Signature _____________________________ Date _____________________________