



Request for Post Baccalaureate / Graduate Change of Objective Form

SUBMISSION DEADLINES
2 weeks prior to 1st day of semester

Office of Graduate Studies
CSU Dominguez Hills

This form is to be used **ONLY** by currently enrolled post baccalaureate or graduate students (graduate major, credential, certificate or second baccalaureate program students) in good standing who wish to change their academic objective or their status within a program (3.0 GPA for MS/MA and 2.5 for credential/certificate).

Name: _____ CSUDH Student I.D. #: _____ F-1 Visa
Address: _____ Email address: _____
City, State & Zip Code: _____ Phone: _____

I. Change of Objective (to be completed by student)

Complete this section and consult Program Coordinator about additional information you will need to submit.

- My current program is _____
Current GPA _____ Expected Graduation Date _____
- I request to change my program to _____
OR
- I request to add the program noted below:
Program _____
Please Check: Credential Certificate
- Effective Term: Spring _____ Summer _____ Fall _____
Year Year Year

Student Signature

Date

II. Program Coordinator Recommendation (When completed, return form to the Office of Graduate Studies, Welch Hall D445)

- Deny admission/ status change: Please state reason _____
- Admit to program/ change status as shown in I. above

Major- Option (must be specified if major has more than one)

- with classified status
- with conditionally classified status. Be certain to inform student of the conditions. If the student does not fulfill the conditions of admission and continuation in the program, the coordinator may administratively disqualify the student from the program by sending a memo to the Office of Graduate Studies.

Program Coordinator (Print)

Signature

Extension

Date

FOR OFFICE USE ONLY: Change of status entered by: _____
(Form Rev. Nov 2014)

Date Processed



Rationale for Requesting a Change of MSN Option

Student Information				
Current Role Option	<input type="checkbox"/> CNS	<input type="checkbox"/> Nurse Administrator	<input type="checkbox"/> Nurse Educator	<input type="checkbox"/> FNP
New Option Requested	<input type="checkbox"/> CNS	<input type="checkbox"/> Nurse Administrator	<input type="checkbox"/> Nurse Educator	<input type="checkbox"/> FNP
Have you communicated with both Advisors?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Total Units Completed	_____			

Program Exploration Prior to Enrollment

	1 = Strongly Disagree	2	3 = Neutral	4	5 = Strongly Agree
I used the Nursing website to investigate the graduate options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
I felt adequately prepared to begin the graduate program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
I had a good understanding of the role that I applied for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>					
I attended a Graduate Information Session web conference <u>prior</u> to admission	<input type="checkbox"/> No <input type="checkbox"/> Yes				

Explain the Reasons You Are Requesting a Change of Role Option Below:

Submit a copy of your professional resume attached to this form.