

POSTBACCALAUREATE CHANGE OF OBJECTIVE

This form must be submitted to the **Graduate Education Office, with all required signatures**, by the end of the 4th week of the **quarter prior to the quarter** you will begin the new program. Take into consideration that it may take several weeks to obtain all signatures. Failure to meet the above deadline will result in a one quarter delay in processing and create registration and student account calculation consequences.

Name _____ Student ID# _____
 Address _____ Phone _____
 _____ Cal Poly Email _____

1. My current objective/major/specialization is: _____

2. I request permission to: (check below and give full name of specific objective/program)

_____ CHANGE / ADD the objective of _____

For official use only: Plan code _____

_____ DROP the objective of _____

▪ My objective(s) will then be: (check all that apply) *For the BMS please submit during the quarter you will complete 180 units.

_____ Master's only _____ Master's and Credential _____ *BMS / 4+1
 _____ Credential only _____ Bachelor's only _____ Concurrent Program

▪ GPA _____ (for Cred/Master's/BMS, calculate last 90 QTR units)

I request that this change take effect starting: _____ (specify quarter and year)

3. Give reason(s) for change of objective: _____

4. Student's Signature _____ Date _____

5. APPROVALS

Coordinator	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Signature _____ Date _____		
Dept Head	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Signature _____ Date _____		
Dean	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Signature _____ Date _____		

6. CONCURRENT PROGRAM / TWO MASTER'S APPROVALS (If Concurrent program [Engr. Management or Transportation Planning] **OR** adding a second Master's to your current Master's objective, both programs should authorize form here only)

Coordinator	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Coordinator	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Date _____				Date _____		
Dept Head	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Dept Head	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Date _____				Date _____		
Dean	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	Dean	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
	Date _____				Date _____		

7. FINAL APPROVAL

GradEd _____ Date _____

Return completed form to Graduate Education Office – Science Building 52-E47

For official use only: OAR APC / Date: _____
Credential Analyst: _____ CBEST: _____ CRT OF CLEARANCE: _____