

## POSTBACCALAUREATE CHANGE OF OBJECTIVE

This form must be submitted to the **Graduate Education Office, with all required signatures**, by the end of the 4<sup>th</sup> 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: _____