

**CALIFORNIA STATE UNIVERSITY, LONG BEACH**

College of Health and Human Services

Department of Family & Consumer Sciences

**CHANGE OF PROGRAM FOR THE MA/MS DEGREE**

Form 500

STUDENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and Number) (Apartment)

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DELETE**

Dept. No.	Course Title	Units		Date Completed Sem/Year	Grade
		300	500		
		400	600		

**ADD**

Dept. No.	Course Title	Units		Date Completed Sem/Year	Grade
		300	500		
		400	600		

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Department Graduate Advisor Date

\_\_\_\_\_  
Advisor Signature Date

\_\_\_\_\_  
Associate Dean of Academic  
Research & Faculty Affairs Date

White: Records  
Canary: Assoc. Dean  
Pink: Student  
Goldenrod: Department