CALIFORNIA STATE UNIVERSITY LONG BEACH
College of Health and Human Services
Department of Family and consumer Sciences

PROGRAM OF STUDY

(White to Records; Canary to associate Dean; Pink to Student; Goldenrod to Department)

_____ M.A./M.S. in _____
Student Number

Name _____ Phone _____

Address _____
(Street and Number) (City) (State) (Zip)

Bachelor's degree Major_____ Institution _____ Date_____
Program Entry Date_____ Mandatory Completion Date _____
Date Graduate Writing Proficiency Examination Passed _____

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

_____ _____ _____ _____
Student's Signature Date Department Graduate Advisor Date

_____ _____ _____ _____
Area Advisor's signature Date Associate Dean's Signature Date