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 ID #

Name _____ Home Phone # _____
Work 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 _____

Dept	Course No.	Course Title	# of Units		Date completed	Grade
			300 400	500 600	Semester / Year	

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

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