

WHITE: Records
CANARY: Associate Dean
PINK: Student
GOLDENROD: Department

CHANGE OF PROGRAM

Student Number

CALIFORNIA STATE UNIVERSITY, LONG BEACH College of Health and Human Services

Department of Kinesiology

PROGRAM FOR THE M.A./M.S. DEGREE

Name _____ Phone (____) _____
(Last) (First) (M.I.)

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

DELETE

Dept.	Course No.	Course Title	Units	Date Completed (Sem./Yr.)	Grade

ADD

Dept.	Course No.	Course Title	Units	Date Completed (Sem./Yr.)	Grade

Student's Signature Date

Department Graduate Coordinator Date

Advisor's Signature Date

Associate Dean, College of Health and Human Services Date