

CALIFORNIA STATE UNIVERSITY, LONG BEACH
 COLLEGE OF ENGINEERING
 MECHANICAL AND AEROSPACE ENGINEERING DEPARTMENT

APPLICATION FOR CANDIDACY

CHANGE OF PROGRAM

Degree sought:

Code:

Name:

Student ID:

Address

Phone:

City

State

Zip Code

E-mail:

Bachelor's Degree:

From:

Date of Graduation:

GRADUATE PROGRAM

PLAN I - Thesis

PLAN II - Coursework / Exam

Other - Explain:

Area of Study:

Mathematics

Electives

Class	Grade	Semester	Units

Class	Grade	Semester	Units

Class	Grade	Semester	Units

If change of program, list changes:

Graduate Coordinator: _____

Date: _____

Department Chairman: _____

Date: _____

Associate Dean: _____

Date: _____

Checklist:

1. Transcripts in file:
2. Undergrad deficiencies made up:
3. 12 units completed:
4. GPA:
5. Semester of seven year rule for graduation:
6. GEAR fulfilled:
7. Student currently enrolled:
8. Semester Advancement effective: