

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

APPLICATION FOR CANDIDACY

CHANGE OF PROGRAM

Degree Sought:
Name:

Code:
Student ID:

Address:

Phone:
Email:

Bachelor's Degree:
Date of Graduation:

GRADUATE PROGRAM

Plan I - Thesis

Plan II - Coursework

Other - Explain:

Area of Study:

Core

Mathematics

Electives

Class	Grade	Date	Units
MAE			3

Class	Grade	Date	Units

Class	Grade	Date	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 complete:
4. GPA:
5. Semester of seven year rule for graduation:
6. GWAR fulfilled:
7. Student currently enrolled:
8. Semester Advancement Effective: