

Change of Unclassified Post-Baccalaureate Objective

| NetID | Student Last Name | Student First Na | me MI |
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| have two terms to gain adr options listed below. To fil | Unclassified Post-Baccalaumission into an approved prole a change to a Master's or tp://www20.csueastbay.edu/stu | ogram at the University. Use Credential program, use an | this form only for the Application for Change of |
| by the following dates in o | ubmitted to the Academic Prorder for the change to becouting at Cal State East Bay): | _ | • |
| Summer Quarter: Apr. 15 | Fall Quarter: June 15 | Winter Quarter: Oct. 15 | Spring Quarter: Jan. 15 |
| Select only one option: | | | |
| Ÿ Certificate ProgramŸ Pre-Professional Frame | s Degree Program m Health Advisory Program Studyall courses must be liste | My certificate objective w | |
| | F-II 0000 | Winter 2010 | Spring 2010 |
| Summer 2009 | Fall 2009 | Willer 2010 | Spring 2010 |
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| Student Signature Printed Name of Dept Chair or Program | Dept Prefix and Number Date Department Coordinator Signature | Pept Prefix and Number | Dept Prefix and Number |
| Student Signature Printed Name of Dept Chair or Program | Dept Prefix and Number Date | Pept Prefix and Number | Dept Prefix and Number |
| Student Signature Printed Name of Dept Chair or Program | Dept Prefix and Number Date Department Coordinator Signature | Pept Prefix and Number | Dept Prefix and Number |