

Academic Affairs
Office of Graduate StudiesCALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407909.537.5058 | fax: 909.537.5078
www.csusb.edu/graduate-studies**Change of Program Application (COPA)**

Coyote ID: _____ Date: _____

Name: _____
Last First MI

Email: _____ Phone: _____

Effective Term: Fall Winter Spring **Current Program(s):**

MA/MS: _____

Concentration: _____

Credential: _____

Will you be completing the above program(s)? Yes No

Term of Completion: _____

Request to: Add Drop Change to

MA/MS: _____

Concentration: _____

Credential: _____

New Program Coordinator Signature:

Notes: _____

Important Information:

- Allow a minimum of two weeks for processing.
 - The application cannot be processed until proof of payment has been received.
-
- I accept any changes that might result from processing this Change of Program Application.

Student Signature_____
Date**For Office Use Only:**

Received by: _____ Date: _____

Processing Fee: \$6.00

Receipt No. _____