

REQUEST FOR CHANGE IN STUDY PLAN FOR MFA IN STUDIO ART

California State University San Bernardino

Name _____

Phone _____

Date _____

I wish to request the following change(s) in my study plan for the M.F.A. in Studio Art:

FROM (Course #/Title) Units

TO (Course #/Title) Units

Reason for request:

Student signature: : _____
Signature Date

Approved by Graduate Coordinator: _____
Signature Date

Copies to: Office of Records (Melissa Cobb), Graduate Studies, Student File, Student
