



**Master of Public Administration (MPA)
Concentration Change/Update
Fee: \$6.00 per change**

Coyote ID: _____ **Date:** _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street Address) (City, State, Zip)

Telephone: () _____ **E-Mail:** _____

Changing From:

- ___ None
- ___ Leadership
- ___ Nonprofit Management
- ___ Public Financial Management
- ___ Cyber Security
- ___ Quarter Catalog

Changing To:

- ___ Leadership
- ___ Nonprofit Management (sem catalog only)
- ___ Public Financial Management
- ___ Cyber Security
- ___ None (qtr catalog only)
- ___ Semester Catalog

Student Signature: _____

Graduate Coordinator/Chair Signature: _____

Submit this form to the Records Office, UH-171, for processing. Attach your receipt or check payable to CSUSB. *There is a \$6.00 fee per concentration. If mailing, please submit to:

CSUSB-Records Office
5500 University Parkway
San Bernardino, CA 92407

Office Use Only:

Date _____ Fee _____ CK/RCPT# _____ By _____