California State University, San Bernardino
Department of Computer Science & Engineering
Master of Science in Computer Science Program

REQUEST TO CHANGE MASTER OPTION FORM

_____   _____   _____
    Student: Last Name, First Name   Student: COYOTE Id   Date

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CHANGE OPTION:

FROM: ___ Thesis Option   *TO:* ___Project Option   ___Comprehensive Exam

FROM: ___ Project Option   *TO:* ___Thesis Option   ___Comprehensive Exam

FROM: ___ Comprehensive Exam Option   *TO:* ___Thesis Option
        [NOTE: (1) Student must have registered for CS689 and passed the exam or
                (2) Student registered for CS689 but did not take the exam.

_____   _____   _____
           Advisor Name   Advisor Signature   Date

For Office Use Only

Received On: _____   **By:** _____
          Date   Graduate Coordinator for Advising

APPROVED: _____   DENIED:_____   REASON:_____