

WE DEFINE THE Future

Academic Affairs
Office of Graduate Studies

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Change of Program Application (COPA)

Coyote ID:	Date:
Name:	
Last	First MI
Email:	Phone:
Effective Term: Fall \square Winter \square	Spring \square
Current Program(s):	Request to:
MA/MS:	
Concentration:	MA/MS:
Credential:	Concentration:
	Credential:
Will you be completing the above program(s)?	
□Yes □No	New Program Coordinator Signature:
Term of Completion:	
Important Information: Only one change of program is allowed per terestallow a minimum of two weeks for processing This application cannot be processed until processed until processed any changes that might result from processed until p	oof of payment has been received.
Student Signature	Date
For Office Use Only:	
Notes:	
Received by:	Date:
Processing Fee: \$6.00	Receipt No.