

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

Graduate Application Correction

Coyote ID: _____ Date: _____

Name: _____
Last First MI

Email: _____ Phone: _____

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

MA/MS: _____

Concentration: _____

Credential: _____

2nd BA/BS: _____**Request to:** Add Drop Change to

MA/MS: _____

Concentration: _____

Credential: _____

2nd BA/BS: _____**Important Information**

- Please allow a minimum of two weeks for processing.
 - Changes are subject to program deadlines.
- I accept any changes that might result from processing this Graduate Application Correction Form.

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

Notes: _____

Received by: _____ Date: _____