

## **Change of Unclassified Post-Baccalaureate Objective**

NetID	Student Last Name	Student First Na	me MI
have two terms to gain adr options listed below. To fil	Unclassified Post-Baccalaumission into an approved prole a change to a Master's or tp://www20.csueastbay.edu/stu	ogram at the University. Use Credential program, use an	this form only for the Application for Change of
by the following dates in o	ubmitted to the Academic Prorder for the change to becouting at Cal State East Bay):	_	• • • • • • • • • • • • • • • • • • • •
Summer Quarter: Apr. 15	Fall Quarter: June 15	Winter Quarter: Oct. 15	Spring Quarter: Jan. 15
Select only one option:			
<ul><li>Ÿ Certificate Program</li><li>Ÿ Pre-Professional Frame</li></ul>	s Degree Program m Health Advisory Program Studyall courses must be liste	My certificate objective w	
	F-II 0000	Winter 2010	Spring 2010
Summer 2009	Fall 2009	Willer 2010	Spring 2010
Summer 2009  Dept Prefix and Number	Dept Prefix and Number	Dept Prefix and Number	Dept Prefix and Number
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Dept Prefix and Number	Dept Prefix and Number	Dept Prefix and Number	· ·
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Dept Prefix and Number	Dept Prefix and Number	Dept Prefix and Number	· ·
Student Signature  Printed Name of Dept Chair or Program	Dept Prefix and Number  Date  Department  Coordinator Signature	Pept Prefix and Number	Dept Prefix and Number
Student Signature  Printed Name of Dept Chair or Program	Dept Prefix and Number  Date	Pept Prefix and Number	Dept Prefix and Number
Student Signature  Printed Name of Dept Chair or Program	Dept Prefix and Number  Date  Department  Coordinator Signature	Pept Prefix and Number	Dept Prefix and Number