California State University, Stanislaus
Enrollment Services
One University Circle
Turlock, CA 95382
(209) 667-3264

Declaration or Change of Degree Objective

University ID #_____

Name_____
Last First Middle

Address_____City_____
Street # & Name

State_____ Zip_____ Telephone # ( )_____ Class Level_____

Term: ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20___ Student Status: ☐ Continuing ☐ New

Student's Signature_____Date_____

PART I : Complete all appropriate items.

	Current	**Change To**
1. Degree Major (BA,BFA,BM,BS,MA,MS,MBA,MPA,MSW)		
2. Major.....		
3. Concentration.....		
4. Emphasis, Program or Track.....		
5. Minor.....		

PART II : Obtain signatures from department representatives. File completed form with secretary of new department.

CURRENT Department acknowledgement that advising file has been forwarded.

Authorized signature from Department_____Date_____

NEW Department has assigned_____as student's adviser.

The signature below is to verify that I have received the student's file from their previous major department and have advised the student on courses needed to complete his/her degree.

Major Advisor signature_____Date_____

ES R-35 Routing: **Copy 1-** to New Department **Copy 2-** to Evaluations ekb:2008 2NCR w/y