



CALIFORNIA STATE UNIVERSITY, STANISLAUS
GRADUATE SCHOOL

MA/MS INTERDISCIPLINARY STUDIES PROGRAM
REQUEST FOR CHANGE IN PROGRAM

Program
Name Student ID #
Street Address E-Mail
City/State/Zip Telephone () -

CHANGE OF TITLE/THESIS/PROJECT

New title:
Reason for requesting change:
Approved: Major Advisor Date

COURSE SUBSTITUTION

From: Name of Course Course Number Date
To: Name of Course Course Number Date
Reason for requesting change:
Approved: Major Advisor Date

CHANGE OF COMMITTEE MEMBER

From: Faculty Member Department
To: Faculty Member Department
Reason for requesting change:
Approved: Major Advisor Date

OTHER CHANGES (Specify request and reason):

Approved: Major Advisor Date

Graduate School: Director, Interdisciplinary Studies Program Date [] Approved [] Denied

Distribution: Original to the Graduate School, Copy to Major Advisor, Copy to Student