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

Declaration or Change of Degree Objective

University ID #_____ Date:_____

Name_____
Last First Middle

Address_____City_____
Street # & Name

State_____ Zip_____ Telephone # ( )_____ Class Level_____

Term: ☐ Fall ☐ Spring ☐ Summer 20____ Student Status: ☐ Continuing ☐ New

Have you previously applied for graduation? ☐ No ☐ Yes*
***If yes,** you must reapply for graduation in lieu of completing this form.

Student's Signature_____

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