



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.

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

<u>Current</u>	<u>Change To</u>

**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 \_\_\_\_\_