

Return to: California State University, Fresno  
Division of Graduate Studies  
Frank W. Thomas Building, Room 130  
5241 N. Maple Avenue, M/S TA51  
Fresno, CA 93740

## PROGRAM ADJUSTMENT REQUEST FOR THE CERTIFICATE OF ADVANCED STUDY (CAS)

This form is required for making modifications to a student's previously approved Proposed Program for the Certificate of Advanced Study. It is strongly recommended that the student obtain Graduate Division approval for these changes prior to enrolling in coursework listed on this form.

**Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City State Zip Phone

**COURSE(S) TO BE ADDED TO CAS PROGRAM:**

Course prefix, number and title	Where taken	Term	Year	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**COURSE(S) TO BE REMOVED FROM CAS PROGRAM:**

Course prefix, number and title	Where taken	Term	Year	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REASON FOR THIS REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_  
Coordinator, Certificate of Advanced Study Program Date Student Date

*(For use by the Division of Graduate Studies Office only)*

Approved     Partially Approved     Denied    Comments: \_\_\_\_\_

\_\_\_\_\_  
Dean, Division of Graduate Studies Date