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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: _____

Graduate Degree Evaluator for the Graduate Dean Date