STUDENT ID NUMBER (SSN) _____

RCD/INT _____

CALIFORNIA STATE UNIVERSITY, SACRAMENTO

BACHELOR'S DEGREE APPLICATION

PRINT OR TYPE AS IT IS TO APPEAR ON DIPLOMA

Diploma will be mailed to the address that is on file with the Registrar's Office.

FIRST MIDDLE LAST

LOCAL ADDRESS

HOME / OTHER

CITY STATE ZIP

E-MAIL ADDRESS

DEGREE :

BA ☐ BM ☐ BS ☐ BVE ☐ Second Bachelor's ☐ Credential Candidate: Yes ☐ No ☐

Graduation Date: Fall 20 Spring 20 Summer 20

Catalog Year of Major: _____

MAJOR: _____

Concentration:
(Each concentration requires a separate application)

EVAL NOTES	DEPT	NO.	COURSE TITLE	SEM HRS	GRD	EVAL NOTES	DEPT	NO.	COURSE TITLE	SEM HRS	GRD

*** MAJOR Waiver or Substitution of Courses and/or Hours:**

Major Advisor's Approval Date

Major Chairperson's Approval Date

Student Signature Date

Print Reset

FOR OFFICE USE ONLY

Date Coded _____

Initials _____