Office of Graduate Studies

Classification Application

DEADLINE: October 1 (for Spring term) / February 1 (for Fall term)

DO NOT COMPLETE THIS FORM IF your intention is to add a SECONDARY PROGRAM.

• Classifications received AFTER the deadline date will not be processed until the following semester.
• If submitted BY THE deadline and approved, the change will be effective the following term.
• No classification changes allowed during the first term of enrollment

Please print legibly
Sac State ID #: _____________________________

Name ______________________________________

Address ____________________________________

City / State / Zip ____________________________

Day Time Telephone Number ____________________

Semester: ___________ Year: ___________

SECTION 1 - Complete this section ONLY if you are CHANGING MAJOR / CONCENTRATION

Current: ____________________ Degree Program ____________________

NEW: _____________________ Degree Program ____________________

SECTION 2 - Complete this section ONLY if you are CHANGING CLASSIFICATION

Graduate Program: __________________________________________

Currently classified at Sacramento State as (mark one):

☐ Conditionally Classified ☐ Other: _____________________________

5. Attach statement of purpose and letters of recommendation for departmental review.

6. If applicable, indicate test name, date and score for the following tests:

☐ GRE: _____________ ☐ GMAT _____________ ☐ CBEST _____________

My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be course for denial or cancellations of admission or enrollment.

7. Student Signature: __________________________ Date: ___________

Department Recommendations

☐ Fully Classified ☐ Pre-MBA ☐ Certificate Only (PMBA) ☐ Pre-Computer Science

☐ Credential ☐ Conditionally Classified (conditions): _______________________

☐ Denied - Reason: _____________________________________________

Faculty Advisor (print legibly) ______________________________________ Graduate Coordinator (print legibly) ______________________________

Faculty Advisor Signature & Date __________________ Graduate Coordinator Signature & Date __________________

FOR GRADUATE CENTER USE ONLY

☐ PBM ☐ PBCR ☐ PBUC ☐ PBED ☐ PBCED Effective Term: __________________

Approved as Recommended for: ☐ Classified ☐ Cond. Class. ☐ Certificate ☐ Denied

Effective Term: ☐ Fall _________ (yr) ☐ Spring _________ (yr)

College: __________________ Degree: __________________ Major: ________________

Dean of Graduate Studies __________________________ Date __________________

FOR GRADUATE CENTER USE ONLY

☐ GWP - OK ☐ GWP Needed

REV: 2012 OCT