



SACRAMENTO STATE

STUDENT ID NUMBER _____

RCD/INT _____

CALIFORNIA STATE UNIVERSITY, SACRAMENTO BACHELOR'S DEGREE APPLICATION

Diploma name must conform to the legal name on your Sac State record.

FIRST	MIDDLE	LAST
LOCAL ADDRESS		HOME / OTHER
CITY	STATE	ZIP
E-MAIL ADDRESS		

Graduation Date: Fall 20 Spring 20 Summer 20 Catalog Year of Minor: _____ (must match major catalog)

MINOR:

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

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

Minor Advisor's Approval _____ Date _____

Minor Chairperson's Approval _____ Date _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY
Date Coded _____
Initials _____