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 _____

Print Reset

FOR OFFICE USE ONLY

Date Coded _____

Initials _____