

Office of Graduate Studies

Classification Application

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

Please print legibly	
Sac State ID #:	DO NOT COMPLETE THIS FORM IF your intention is to add a SECONDARY PROGRAM.
Name	Classifications received <u>AFTER</u> the deadline date will not be processed until the following semester.
Address	If submitted BY THE deadline and approved, the
City / State / Zip	change will be effective the following term.
Day Time Telephone Number	No classification changes allowed during the first term of enrollment
Semester: Year:	
SECTION 1 - Complete this section ONLY if you are CHAN	GING MAJOR / CONCENTRATION
Current:	
Major / Credential Program	Degree Program
Proposed Program / Credential	Degree Program
Attach statement of purpose and letters of recommendat	ion for departmental review.
If applicable, indicate test name, date and score for the fo	ollowing tests:
☐ GRE: ☐ GMAT	CBEST
SECTION 2 - Complete this section ONLY if you are CHAN	GING CLASSIFICATION
Graduate Program:	
Currently classified at Sacramento State as (mark one):	
☐ Conditionally Classified ☐ Other:	
My signature certifies the accuracy and completeness misrepresentation may be course for denial of	· · · · · · · · · · · · · · · · · · ·
Student Signature:	Date:
SECTION 3 - Department Recommendations	
☐ Fully Classified ☐ Pre-MBA ☐ Certificate	e Only (PMBA)
□ Credential □ Conditionally Classified (condit	ions):
□ 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 Approved as Recommended for: □ Classified □ Cond. Class	□ PBCED Effective Term: s. □ Certificate □ Denied
Effective Term: □ Fall	(yr)
College: Degree: N	/lajor: ☐ GWP Needed
Dean of Graduate Studies	Date REV: 2016 FEB