

## 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.

LOCAL ADDRESS  TATE  ZIP  HOME  OTHER    CITV  STATE  ZIP  EMAIL ADDRESS  Graduation Date: Fail 20  Spring 20  Summer 20    DEGREE : BA  BA  BX  BVE  Second Bachelor's  Credential Candidate: Yes  No  Catalog Year of Major:	FIRS	FIRST MIDDLE					LAST /						
DEGREE :  Graduation Date: Fall 20  Spring 20  Summer 20    BA  BM  BS  BVE  Second Bachelor's  Credential Candidate: Yes  No  Catalog Year of Major:	LOCAL ADD	RESS										THER	
MAJOR: (Each concentration requires a separate application)	DEGREE		6 В,			Candid		es	No	G	araduation Date: Fall 20 Spring 20	Summ	er 20
EVAL NOTES    DEPT    NO.    COURSE TITLE    SEM HRS    GRD    EVAL NOTES    DEPT    NO.    COURSE TITLE    SEM HRS    GRD    I      I	MAJ	MAJOR: (Each concentration requires											
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\* MAJOR Waiver or Substitution of Courses and/or Hours:

Major Advisor's Approval	Date	Major Chairperson's Approval	Date
Student Signature	Date	B Date Coded Initials	FICE USE ONLY