

# Master of Education

## Change of Program of Study

College of Education and Human Services

**Complete and return this form to your faculty advisor for his/her approval and signature.** Your faculty advisor will forward it through the proper channels for final approval.

I, \_\_\_\_\_ CSU ID: \_\_\_\_\_

request that my Program of Study for the Master of Education degree in \_\_\_\_\_  
be amended as follows:

### DELETE

Course Number	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ADD/SUBSTITUTION

Course Number	Course Title	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Current Mailing Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone Number)

### Signatures:

\_\_\_\_\_  
(Faculty Advisor)

\_\_\_\_\_  
(Associate Dean)