

Department of Educational Psychology & Counseling  
**REQUEST TO CHANGE MASTERS' / CREDENTIAL GOAL\***

Name (print): \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Please check one line from each of the following two choices as well as indicating in which semester you are currently enrolled.

*Check one:*

\_\_\_\_\_ I am currently enrolled in the \_\_\_\_\_ Master's program  
or

\_\_\_\_\_ I am currently enrolled in the \_\_\_\_\_ Credential program

I am in my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>) semester and have completed \_\_\_\_\_ units in this program.

*Check one:*

\_\_\_\_\_ I wish to change to the \_\_\_\_\_ Master's program  
or

\_\_\_\_\_ I wish to add the \_\_\_\_\_ Credential program

Describe your reason for the requested change briefly below.

---

---

---

---

---

\* Note: Changes in program goals may only made for the following fall semester. Enrollment in specialization courses before admission to a program may only occur with express consent of the program coordinator regarding the specific course in question.

I understand that both the *sending* and *receiving* specialization programs must approve this change and that I will be responsible for completing all requirements that exist at the time of my entering the program for that program if accepted.

Signature: \_\_\_\_\_ Date of application: \_\_\_\_\_

====

For department use:

Signature of *sending* program coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of *receiving* program coordinator: \_\_\_\_\_ Date: \_\_\_\_\_