

Office of Admissions and Records Student Services Center, Bayramian Hall 18111 Nordhoff Street

Northridge, CA 91330-8207 Graduate Studies: (818) 677-4800

Fax: (818) 677-4691

## **Application for Master's Degree and Diploma**

Bring or mail this form with a \$47.00 payment to Admissions and Records.  ** Do not use this form to request a name change. Go to <a href="https://www.csun.edu/anr/forms">www.csun.edu/anr/forms</a> and select <a href="https://www.csun.edu/anr/forms">Name Change</a> form. **		
Have you previously applied for your Master's Degree	at CSUN? Yes No	
CSUN ID: Anticipated Date of	of Graduation (Term and Year):	
PRINT your name as it appears on official CSUN official Name Change Request form must fire	records. If you wish to change your name pri st be submitted to the Office of Admissions an	
Name: N	/liddle: Last Name:	
Address:		
City:	State: Zip Code:	
Diplo	ma Information	
First Name: Middle:	Last Name:	
Degree Objective (e.g., MA / MS / MBA):		
Primary Major:		
Approved Option:		
Your culminating experience is: (a) Comprehe	_	tistic Abstract
Applicant Signature	Date	
Graduate Studies Office Use Only		
Degree Status:	Distinction (circle one): NONE 4	
Graduate Evaluator Signature	Date	appmstrs (sf) 12/3/09