

Return to: California State University, Fresno  
Division of Research and Graduate Studies  
Frank W. Thomas Building, Room 130  
5241 N. Maple Avenue, M/S TA51  
Fresno, CA 93740

## PROGRAM ADJUSTMENT REQUEST FOR THE CERTIFICATE OF ADVANCED STUDY (CAS)

This form is required for making modifications to a student's previously approved *Proposed Program for the Certificate of Advanced Study*. It is strongly recommended that the student obtain Graduate Division approval for these changes prior to enrolling in coursework listed on this form.

**Name** \_\_\_\_\_ **Student ID** \_\_\_\_\_  
Last First Middle

**Address** \_\_\_\_\_  
Street City State Zip Phone

**COURSE(S) TO BE ADDED TO CAS PROGRAM:**

Course prefix, number and title	Where taken	Term	Year	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**COURSE(S) TO BE REMOVED FROM CAS PROGRAM:**

Course prefix, number and title	Where taken	Term	Year	Units	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**REASON FOR THIS REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures:**

\_\_\_\_\_  
Coordinator, Certificate of Advanced Study Program Date Student Date

*(For use by the Division of Research and Graduate Studies Office only)*

Approved     Partially Approved     Denied    Comments: \_\_\_\_\_

\_\_\_\_\_  
Dean, Division of Research and Graduate Studies Date