

POSTBACCALAUREATE CHANGE OF OBJECTIVE

This form must be submitted to the **Office of Registrar Evaluations Unit, with all required signatures**, by the end of the 4th week of the **quarter prior to the quarter** you will begin the new program. Take into consideration that it may take several weeks to obtain all signatures. Failure to meet the above deadline will result in a one quarter delay in processing and create registration and student account calculation consequences.

Name _____ Student ID# _____
Address _____ Phone _____
_____ Cal Poly Email _____

1. **My current objective/major/specialization is:** BS in Biomedical Engineering

2. **I request permission to:** (check below and give full name of specific objective/program)

CHANGE / ADD the objective of MS in Biomedical Engineering with a Specialization in Regenerative Medicine

For official use only: Plan code _____

DROP the objective of _____

▪ **My objective(s) will then be:** (check all that apply) *For the BMS please submit during the quarter you will complete 180 units.

Master's only Master's and Credential *BMS / 4+1
 Credential only Bachelor's only Joint Program

▪ **GPA** _____ (for Cred/Master's/BMS, calculate last 90 QTR units)

I request that this change take effect starting: _____ (specify quarter and year)

3. **Give reason(s) for change of objective:**

I was accepted into the Regenerative Medicine Program

4. **Student's Signature** _____ **Date** _____

5. APPROVALS

Coordinator _____ Approve Disapprove
Signature _____ Date _____
Dept Head _____ Approve Disapprove
Signature _____ Date _____
Dean _____ Approve Disapprove
Signature _____ Date _____

6. **JOINT PROGRAM APPROVALS** (If Joint program only: both programs should authorize form here only)

Coordinator _____ Approve Disapprove _____ Approve Disapprove
Date _____ Date _____
Dept Head _____ Approve Disapprove _____ Approve Disapprove
Date _____ Date _____
Dean _____ Approve Disapprove _____ Approve Disapprove
Date _____ Date _____

7. FINAL APPROVAL

GradEd _____ Date _____

Return completed form to Graduate Education Office – Science Building 52-E47

For official use only: OAR APC / Date: _____
Credential Analyst: _____ CBEST: _____ CRT OF CLEARANCE: _____