CALIFORNIA STATE UNIVERSITY, LONG BEACH
COLLEGE OF ENGINEERING
MECHANICAL AND AEROSPACE ENGINEERING DEPARTMENT

___ APPLICATION FOR CANDIDACY   _X_ CHANGE OF PROGRAM

Degree Sought: **Code**:
Name: **Student ID**:

Address:

Phone:
Email:

Bachelor's Degree:
Date of Graduation:

GRADUATE PROGRAM

__ Plan I - Thesis   __ Plan II - Coursework   __ Other - Explain:
Area of Study:

Core					Mathematics					Electives			
Class	Grade	Date	Units		Class	Grade	Date	Units		Class	Grade	Date	Units
MAE			3										

If change of program, list changes:

Graduate Coordinator:_____   Date_____

Department Chairman:_____   Date_____

Associate Dean:_____   Date_____

Checklist:
1.   Tr