



Counselor Education & Rehabilitation

Request to Change Graduate Program

Semester _____

Last Name First Name Middle Initial Student ID

Current Program (must be classified): _____

Request program change to: _____

Application Requirements

1. Unofficial transcripts
2. Minimum GPA of 3.0
3. Statement of Justification
4. Verification of passing the Clinical Review
5. Letter of recommendation from COUN 208 / REHAB 238 instructor
6. Signed Coordinator Consent form *(included in packet)*

Program specific requirements (in addition to requirements 1-6)

- MS Counseling, School Counseling - Certificate of Clearance

Please print application packet and include all required documents as detailed above. Bring the completed application packet to the Center for Advising and Student Services, ED 100 or mail to:

Kremen School of Education and Human Development
 Attn: Graduate Admissions Analyst
 5005 North Maple Ave. M/S 701
 Fresno, CA 93740-8025



Kremen School
of Education and
Human Development

Justification for Program Change

Last Name

First Name

Middle Initial

In the space provided below (or an attached page), provide relevant information about yourself including goals, objectives, and experiences related to the master's degree program to which you are applying. Please focus primarily on your short-term and long-term professional goals. You may attach additional pages. (1-2 pages maximum)



Kremen School
of Education and
Human Development

Coordinator Consent form

Students must meet with their current program coordinator to discuss the program change. Once the current program coordinator has signed, students will need to meet with the intended program coordinator to discuss the requested change.

Current Program: _____

Student has met with current program coordinator to discuss program change.

Program coordinator signature

Date

Intended Program: _____

Student has met with the intended program coordinator to discuss the program change request.

Program Coordinator signature

Date



Kremen School of Education and Human Development

Student Data Sheet

Semester _____

Current Program (must be classified): _____

Request program change to: _____

Last Name

First Name

Middle Initial

Student ID

FOR OFFICE USE ONLY

- 1. Unofficial transcripts
- 2. GPA Minimum 3.0: UGRD Cumulative _____
PBAC Cumulative _____
Fresno State PBAC _____
Last 60 units _____
- 3. Statement of Justification
- 4. Verification of passing the Clinical Review in COUN 208
- 5. Recommendation letter from COUN 208 Instructor
- 6. Signed Coordinator Consent

Faculty Review

Notes

Master's Program: Admit Deny

Admit Conditions: _____

Reasons Denial: _____

Coordinator _____ Date _____