

## **Change of Classification in Graduate Program**

Instructions Do not hand write - Must be typed

This form should be filled out by the master's committee chair or graduate advisor. It is to be used only for students currently enrolled who have met the conditions specified by their program at the time of their admission. The signature of the chair or advisor indicates that the student should be transferred into an (unconditionally) classified status. This completed form should be emailed to the appropriate GAPE evaluator (see www.sjsu.edu/gape/about\_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017.

Student Information				
Last Name	First Name, M.I.			
Student ID	Previous Name, if any			
Current Address	City	State	Zip	
Daytime Phone	Email Address			
Program Information				
Program (major/concentration, if applicable)				
Student was admitted as a <b>conditionally classified</b> student needing to med	et the following conditions:			
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Required Signature				
This is to certify that this student has satisfactorily fulfilled those conditions	and should now be granted classified star	nding.		
Master's/Doctoral Committee Chair or Graduate Advisor (print)		<del></del>	Approved	Denied
Master's/Doctoral Committee Chair or Graduate Advisor (signature)		Dat	e	