CALIFORNIA STATE UNIVERSITY, SACRAMENTO

RCD/INT _____

BACHELOR'S DEGREE APPLICATION

SSN _____

PRINT OR TYPE AS IT IS TO APPEAR ON DIPLOMA

Diploma will be mailed to the address that is on file with the Registrar's Office.

FIRST MIDDLE LAST

LOCAL ADDRESS

/ HOME OTHER

CITY STATE ZIP

E-MAIL ADDRESS

DEGREE :

BA ☐ BS ☐ BM ☐ Second Bachelor's ☐ Credential Candidate: Yes ☐ No ☐

Graduation Date: Fall 20 Spring 20 Summer 20

Catalog Year of Major/Minor:

MAJOR:

Concentration:

DEPT	NO.	COURSE TITLE	SEM HRS	GRD	DEPT	NO.	COURSE TITLE	SEM HRS	GRD

MINOR:

DEPT	NO.	COURSE TITLE	SEM HRS	GRD

MAJOR

*** Waiver or Substitution of Courses and/or Hours:**

Major Advisor's Approval: _____

Major Chairperson's Approval: _____

_____

Student Signature Date

MINOR

Minor Advisor's Approval: _____

Minor Chairperson's Approval: _____

FOR OFFICE USE ONLY

Date Coded _____

Initials _____