



**San José State University  
Graduate Admissions and  
Program Evaluations  
(GAPE)**

Last Name

First Name, M.I.

Student ID

Previous Name, if any

Home Street Address

City, State, Zip Code

Daytime Phone

Email Address

**Required Signature**

**The signature certifies the accuracy and completeness of the information provided. Any misrepresentation may be cause for denial or cancellation of enrollment.**

Student Signature

Date

## Application for a Change of Graduate Major

**INSTRUCTIONS**

This form is to be used only by students who are **CURRENTLY ENROLLED** and wish to change their major. Check with the new department for any additional documents that may be needed for transfer into the program. The completed form should be submitted to the appropriate GAPE evaluator or to the front desk of GAPE in the Student Services Center. Once processed, the department of the new major will be notified and its permission sought for the change.

**Current Major****Master Of Science**

(Credential/ Degree)

Concentration if applicable (e.g., Biomedical Devices)

**General Engineering**

Department/School

**Requested Major****Master Of Science**

(Credential/ Degree)

Concentration if applicable

Department/School

Effective term

Semester:

Year:

Have you ever been disqualified?

Yes

No

If "yes," list the major on your reinstatement petition. \_\_\_\_\_

Note: A copy should be sent to the appropriate GAPE evaluator.