



# 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 / Statement of Support from COUN 208 or REHAB 238 instructor (**NOTE:** COUN 208 and REHAB 238 do not substitute for one another)
5. Signed Coordinator Consent form (*included in packet*)

#### Program specific requirements (in addition to requirements 1-5)

- 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)

# Verification of passing Clinical Review

To be completed by COUN 208 or REHAB 238 instructor

**NOTE:** *COUN 208 and REHAB 238 do not substitute for one another*

Student has passed clinical review

Student has not passed clinical review

Statement of support for program change request:

COUN 208 Instructor Name

\_\_\_\_\_

COUN 208 Instructor Signature

\_\_\_\_\_

Date



Kremen School  
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## 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 \_\_\_\_\_