**CALIFORNIA STATE UNIVERSITY LONG BEACH**  
College of Health and Human Services  
Department of Family and consumer Sciences

**PROGRAM OF STUDY**  
(White to Records; Canary to associate Dean; Pink to Student; Goldenrod to Department)

M.A./M.S. in ________________________________

Student ID #

Name ___________________________  Home Phone # ____________
Work Phone # ________________

Address

(Street and Number) (City) (State) (Zip)

Bachelor’s Degree Major ______________ Institution __________ Date __________

Program Entry Date ______________ Mandatory Completion Date __________

Date Graduate Writing Proficiency Examination Passed ______________

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<th># of Units</th>
<th>Date completed</th>
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Student’s Signature __________ Date __________

Department Graduate Advisor __________ Date __________

Area Advisor’s Signature __________ Date __________

Associate Dean’s Signature __________ Date __________