

Approved Major Program Supplement to Baccalaureate Degree Application

Last Name	First Name	Middle Name	Student ID Number
-----------	------------	-------------	-------------------

Expected Semester/Year of Graduation

Degree Objective

Fall
 Spring
 Summer 20____

BA
 BS
 BM

Major: Emphasis (if applicable):

Requirement (Bulletin) Term

- Only list courses constituting the **Major Program**
- Include courses In Progress
- Only list courses that received a passing grade
- An Advisor should indicate a minimum acceptable grade for course work (including In Progress) in the major program. **If course is a substitution, list original Dept. & Number.**

Institution	Dept. & Number	Title	Term	Units	Grade

Complementary Studies Requirement

BA students admitted Fall 2014, or later, must complete this requirement.

Advisor must initial the box if met →

Initial here

Upon satisfactory completion of the above major program (as well as the general graduation requirements per Title 5 of the California State Administrative Code and the official University Bulletin), I certify the above identified student is eligible for award of the Major as listed above.

Advisor Name: **Date:**

NOTE: This form is only valid if submitted by the Advisor listed above. It must be sent, via that Advisor's official SF State employee's email account, directly to regweb@sfsu.edu.