



# California Institute of Integral Studies

## CHANGE OF DEGREE PROGRAM FORM

Use this form to request to be changed from one program to another.

1) Submit this form and the \$50 Change of Degree Program Fee to:

CIIS Business Office, 1453 Mission St., San Francisco, CA 94103 or fax it to: 415-575-1267

The fee is non-refundable, even if your request to change programs is denied.

2) The academic program will contact with to ask for any additional materials it will need, such as goal statements, etc. Please submit these materials directly to the program. These materials become the property of CIIS and will not be returned.

3) The Registrar's Office will notify you of the decision.

Do not use this form - instead submit an *Admissions Application* to the Admissions Office - if any of the following apply to you:

- It's before the Add/Drop Deadline of your very first semester at CIIS (contact Admissions and request that they update your program).
- You haven't registered for two consecutive semesters (one semester for BIS, IHL or PSY) and are not on a leave of absence.
- You want to apply for a subsequent program after finishing one.
- You want to add a certificate program.

If you have questions, contact the Registrar's Office at [registrar@ciis.edu](mailto:registrar@ciis.edu) or 415-575-6126.

Name: \_\_\_\_\_ CIIS ID Number: \_\_\_\_\_  
*last (family/legal) name first (given name) middle name*

E-mail Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*street city state zip*

Current Academic Program:  MA  MFA  PhD  PsyD in \_\_\_\_\_

Desired Academic Program:  MA  MFA  PhD  PsyD in \_\_\_\_\_

Desired Semester to Start New Program:  Fall  Spring  Summer

My signature below attests that I understand that:

- My request for a change of degree program is evaluated based upon the following criteria:
  - I have enrolled and completed courses within the semester prior to submitting the request.
  - I have met all requirements that would apply to an admissions applicant (consult the CIIS catalog for these requirements).
  - I have a CIIS grade-point average of 3.0 or higher and no more than two of the following CIIS grades B-, C+, C, C-, D+, D, D-, F, NP, I, or IN. If not, but I qualify under point (b) above, I may be required to fulfill additional requirements if I am accepted to the new program.
  - If I am an international student I must be in good status with all visa requirements. I understand that a new I-20 will be issued once the program has been changed. *Before* submitting this form, I will discuss my plans with the CIIS International Student Advisor.
- If my change of degree program request is approved, I become subject to the academic requirements of the catalog year associated with the semester I begin my new program, not the requirements of the catalog year I was originally admitted.
- Any units earned in my current program will be applied to my new program contingent upon the approval of my new program director.
- If I am required to submit letters, I (*select one*)  waive  do not waive my right to see them.
- I authorize the charges to be made to the card number below (if paying by credit card).

Payment Method:

- Cash  Check or Money Order (made out to "CIIS")  
 Visa  MasterCard Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NEW DEGREE PROGRAM'S USE ONLY:

The student will need to submit:  Autobiography  Letter from Chair of Current Program  Writing Sample  
 \_\_\_\_\_ Letter(s) of Recommendation  Goal Statement  Nothing  Other: \_\_\_\_\_

DECISION:  Denied  Approved for semester/year: \_\_\_\_\_ / \_\_\_\_\_ Advisor: \_\_\_\_\_

Submit this form to the Registrar's Office. If you've approved the request, attach a completed "Award of Transfer Units" form. Include both non-CIIS courses and the CIIS courses the student has already taken which will be applied toward the new program's degree requirements.

Program Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BUSINESS OFFICE USE ONLY:

DATE FORM RECEIVED/FEE PAID: \_\_\_\_\_

### REGISTRAR'S OFFICE USE ONLY:

DATE FORM RECEIVED DATE STUDENT NOTIFIED  
FROM PROGRAM: \_\_\_\_\_ OF DECISION: \_\_\_\_\_

### (IF INT'L STUDENT)

DATE INT'L STUDENT ADVISOR NOTIFIED: \_\_\_\_\_