



# California Institute of Integral Studies

## PROGRAM MODIFICATION

Use this form to request a course substitution or waiver; to request to change to a more recent catalog's version of your degree requirements; to request to pursue a certificate, focus, track, or thesis; or to declare your decision to no longer pursue one. Consult with your program to verify your eligibility. It is the student's, not the program's, responsibility to submit this form.

Submit to [registrar@ciis.edu](mailto:registrar@ciis.edu) as an attachment to an email sent from your CIIS student email account. For assistance, contact the Registrar's Office at [registrar@ciis.edu](mailto:registrar@ciis.edu) or 415-575-3408.

Name and Address: *(please print legibly)*

\_\_\_\_\_ CIIS ID Number: \_\_\_\_\_  
 \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_

### CATALOG YEAR CHANGE *(MUST BE A MORE RECENT CATALOG THAN YOUR CURRENT ONE)*

I request to change to the following catalog year's requirements for my program: \_\_\_\_\_.

### CERTIFICATE *(A CERTIFICATE APPEARS ON THE TRANSCRIPT AND HAS ITS OWN SEPARATE "DIPLOMA")*

I request to pursue the following certificate: \_\_\_\_\_.

I am no longer pursuing the following certificate: \_\_\_\_\_.

### FOCUS *(A FOCUS APPEARS IN THE DEGREE TITLE ON THE TRANSCRIPT BUT NOT ON THE DIPLOMA)*

I request to pursue the following focus: \_\_\_\_\_.

I am no longer pursuing the following focus: \_\_\_\_\_.

### SUBSTITUTION

I request to have this course: \_\_\_\_\_ substitute for this course: \_\_\_\_\_.

I request to have this course: \_\_\_\_\_ substitute for this course: \_\_\_\_\_.

I request to have this course: \_\_\_\_\_ substitute for this course: \_\_\_\_\_.

### THESIS

I request to pursue a thesis.       I am no longer pursuing a thesis.

### TRACK *(A TRACK DOES NOT APPEAR ON THE TRANSCRIPT OR THE DIPLOMA)*

I request to pursue the following track: \_\_\_\_\_.

I am no longer pursuing the following track: \_\_\_\_\_.

### WAIVER

I request to waive this course(s) and have its units fulfilled through elective credit: \_\_\_\_\_.

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

### Department/Program Chair Use: (NOT REQUIRED IF DECLARING TO NO LONGER PURSUE A CERTIFICATE, FOCUS, TRACK OR THESIS)

I approve this request.

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

### REGISTRAR'S OFFICE USE ONLY:

DATE RECEIVED: _____	DATE RECORD UPDATED AND STUDENT AND PROGRAM NOTIFIED: _____	BY: _____
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