

**CALIFORNIA STATE UNIVERSITY SAN MARCOS
Office of Registration and Records**

Concurrent Postbaccalaureate Credit Request Form

Name _____ ID # _____
 Address _____ Phone # _____
 _____ Applicable Semester _____

Master's or Credential Objective: _____

Instructions: List all courses for which you intend to register and check those courses for which you are requesting postbaccalaureate credit.

NOTE: YOU MUST HAVE APPLIED TO THE UNIVERSITY AS A POSTBACCALAUREATE OR GRADUATE STUDENT BEFORE SUBMITTING THIS FORM.

Dept. Name	Course No.	Title	Units	Undergrad Credit	Master's/ Credential Credit

PLEASE NOTE: Postbaccalaureate credit will be granted only if all requirements for the undergraduate degree are completed during the semester for which credit is requested. Total concurrent postbaccalaureate units may not exceed 12.

 Program Director for Master's Program Student Signature Date

For Office Use Only

Degree Requirements Remaining: _____ Term Applied for Graduation _____

Approved _____ **Denied** _____

 Authorized Signature Date