STUDENT ID NUMBER (SSN) _____ RCD/INT _____

SACRAMENTO STATE

BACHELOR'S DEGREE APPLICATION

Diploma will be mailed to the address that is on file with theRegistrar's Office.

PRINT OR TYPE AS IT IS TO APPEAR ON DIPLOMA

FIRST MIDDLE LAST

LOCAL ADDRES HOME / OTHER

CITY STATE ZIP E-MAIL ADDRESS

DEGREE Graduation Date: Fall 20 Spring 20 Summer 20

BA ☑ BM ☐ BVE ☐ Second Bachelor's ☐ Credential Candidate: Yes ☐ No ☐ Catalog Year of Minor 2004-2006

Minor: Child Development

EVAL NOTES	DEPT	NO	COURSE TITLE	SEM HRS	GRD	EVAL NOTES	DEPT	NO	COURSE TITLE	SEM HRS	GRD
	CHDV	30	Human Development	3							
	CHDV	133	Research in Child Development	3							
	CHDV	131	Language Development	3							
	CHDV	137	Cognitive Development	4							
	CHDV	138	Social and Emotional Development	4							

*** MINOR Waiver or Substitution of Courses and/or Hours:ConEmpe**

Minor Advisor's Approval **Date**

Minor Chair Person's Approval **Date**

Student's Signature **Date**

FOR OFFICE USE ONLY

Date Coded _____

initials _____