

FAYETTEVILLE STATE UNIVERSITY
GRADUATE PROGRAMS

CHANGE OF MAJOR/STATUS FORM

Note: Changes become effective with receipt of all required signatures on this form.

NAME: _____ Banner Number: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: _____

I hereby wish to change my Major as follows:

Previous Major/Status: _____

Previous Concentration: _____

New Major/Status: _____

New Concentration: _____

REQUEST CHANGE TO TAKE EFFECTIVE FOR:

Fall 20_____

Spring 20_____

Summer I, 20_____

Summer II, 20_____

Student Signature: _____ Date: _____

Previous Department Chair/Director Date: _____

Department Chair/Director Date: _____

Dean of School/College Date: _____

Distribution: Student

Department Chair/Director

Previous Department Chair/Director

Dean of School/College

Registrar's Office (Original)