

FAYETTEVILLE STATE UNIVERSITY
The Graduate School

CHANGE OF GRADUATE DEGREE PROGRAM OF STUDY REQUEST

Student's Name: _____ Banner Number: _____

Degree: _____ Major: _____

This authorization changes the approved program of study for the above named student. The student's current Program of Study consists of _____ total semester credit hours. After these changes are made, the student's program will consist of _____ total semester credit hours.

Delete the following course from student's approved Program of Study:

	<u>Course#</u>	<u>Course Title</u>	<u>Credit Hours</u>
DELETE	_____	_____	_____

Add the following courses to the student's approved Program of Study:

	<u>Course#</u>	<u>Course Title</u>	<u>Credit Hours</u>
ADD	_____	_____	_____

Academic Justification:

Delete the following course from student's approved Program of Study:

	<u>Course#</u>	<u>Course Title</u>	<u>Credit Hours</u>
DELETE	_____	_____	_____

Add the following courses to the student's approved Program of Study:

	<u>Course#</u>	<u>Course Title</u>	<u>Credit Hours</u>
ADD	_____	_____	_____

Academic Justification:

Student's Signature: _____ Date: _____

Advisor: _____ Date: _____

Program Coordinator: _____ Date: _____

Department Chair: _____ Date: _____

Dean of School/College: _____ Date: _____

Dean/Assistant Dean of The Graduate School: _____ Date: _____

<i>Copies: Student</i>	<i>Department Chair</i>	<i>Registrar (Original)</i>
<i>Advisor</i>	<i>Dean of School/College</i>	
<i>Program Coordinator</i>	<i>Dean of The Graduate School</i>	