

FAYETTEVILLE STATE UNIVERSITY  
THE GRADUATE SCHOOL

CHANGE OF INFORMATION FORM

Please complete this form and submit with supporting documentation, if required, to The Graduate School.

*NOTE: It is the responsibility of incoming and current students to notify The Graduate School of any information changes.*

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Student Name: \_\_\_\_\_ Banner #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**FILL IN ONLY THE INFORMATION THAT IS TO BE CHANGED.**

***Address Change Request:***

Current Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zipcode)

New Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
Telephone Number (City) (State) (Zipcode)

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***Semester/Term Change Request***

Current Semester/Term: \_\_\_\_\_ Requested Semester/Term: \_\_\_\_\_

***Status Change Request***

Current Status: \_\_\_\_\_ Requested Status: \_\_\_\_\_

*(I.E; Degree Seeking, Professional Development-Graduate, Professional Development-Undergraduate, Teacher Licensure, Readmit)*

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***For Office Use Only***

Processor: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

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Cc: The Graduate School  
Register's Office (Original)