

Fayetteville State University

**The Graduate School**  
102 Continuing Education Building  
1200 Murchison Road, Fayetteville, NC 28301

## 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 change.**

Student Name \_\_\_\_\_ Student Banner ID \_\_\_\_\_  
(Last) (First) (Middle Initial)

Student Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

### FILL IN ONLY THE INFORMATION THAT IS TO BE CHANGED

#### Name Change Request (include photocopies of official supporting documents)

Current Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Name Change: \_\_\_\_\_  
(Last) (First) (Middle Initial)

#### Address Change Request

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

New Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

#### 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)

#### For Office Use Only

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