

Fayetteville State University
The Graduate School

CHANGE OF MAJOR FORM

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

NAME _____ BANNER ID# _____

ADDRESS _____
Street City State Zip

TELEPHONE NUMBER _____

I HEREBY WISH TO CHANGE MY MAJOR AS FOLLOWS:

Previous Major _____

Previous Track _____

New Major _____

New Track _____

REQUEST CHANGE BE MADE FOR

- Fall, 20____
- Spring, 20____
- Summer I, 20____
- Summer II, 20____

Student Signature *Date*

Previous Dept. Chairperson/Director *Date*

New Dept. Chairperson/Director *Date*

Graduate School Dean *Date*

Distribution: Student
Previous Dept. Chairperson/Director
New Dept. Chairperson/Director
Graduate School Dean