

FAYETTEVILLE STATE UNIVERSITY  
The Graduate School

REQUEST FOR CHANGE OF GRADUATE DEGREE PROGRAM OF STUDY

STUDENT NAME \_\_\_\_\_ BANNER ID# \_\_\_\_\_

DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_

This authorization changes the approved program of study for the above named student. After these changes are made, the student's program consists of \_\_\_\_\_ total semester hour credit(s).

I. The following courses are DELETED FROM the approved program of study:

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

II. The following courses are ADDED TO the approved program of study:

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

III. Justification

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Advisor \_\_\_\_\_

Date \_\_\_\_\_

Department Chairperson/Director \_\_\_\_\_

Date \_\_\_\_\_

Dean of Graduate School \_\_\_\_\_

Date \_\_\_\_\_

- Distribution: 1. Student  
2. Advisor  
3. Registrar  
4. Department Chairperson/Director  
5. Dean of Graduate School