

FAYETTEVILLE STATE UNIVERSITY  
GRADUATE PROGRAMS

CHANGE OF MAJOR/STATUS FORM

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

NAME: \_\_\_\_\_ Banner Number: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE: \_\_\_\_\_

I hereby wish to change my Major as follows:

Previous Major/Status: \_\_\_\_\_

Previous Concentration: \_\_\_\_\_

New Major/Status: \_\_\_\_\_

New Concentration: \_\_\_\_\_

REQUEST CHANGE TO TAKE EFFECTIVE FOR:

Fall 20\_\_\_\_\_

Spring 20\_\_\_\_\_

Summer I, 20\_\_\_\_\_

Summer II, 20\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
*Previous Department Chair/Director* Date: \_\_\_\_\_

\_\_\_\_\_  
*Department Chair/Director* Date: \_\_\_\_\_

\_\_\_\_\_  
*Dean of School/College* Date: \_\_\_\_\_

Distribution: Student

Department Chair/Director

Previous Department Chair/Director

Dean of School/College

Registrar's Office (Original)