

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

**REQUEST TO CHANGE CONCENTRATION OR SPECIALIZATION
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 degree program concentration or specialization as follows:

Current concentration or specialization: _____

New concentration or specialization: _____

REQUEST CHANGES TO BECOME EFFECTIVE FOR:

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

Student Signature Date: _____

Department Chair/Associate Dean Signature Date: _____

College Dean Signature Date: _____

Distribution: Student; Department Chair/Associate Dean; College Dean; Registrar's Office
(Original)

Approved by the SACSCOC Accreditation Liaison July 23, 2020