FAYETTEVILLE STATE UNIVERSITY GRADUATE SCHOOL

MASTER'S DEGREE TO CERTIFICATE CHANGE FORM (VOLUNTARY DISCONTINUED)

FRON	Student's Name			Banner	ID
I am s	submitting this request to change my degree status fr	om master	's degree	seeking to cer	tificate.
I und	erstand that if this request is approved, it ends my sta program. All previously earned cre				
	y record. I may be required to enroll in additional cou			•	
	icate as indicated on the certificate program of study.			_	
	ses will be changed to "S" or "U" as appropriate by the ge form to the Registrar's Office. If enrolled in a thesis	•		_	_
	to the last day to drop a graduate course according to			· · · · · · · · · · · · · · · · · · ·	
	ar on my transcript noting the transfer from the mast	er's progra	m to the	certificate prog	gram with the
effec	tive month, day and year.				
	Signature: Student			Date	
	Signature. Student			Date	
TO:	College Dean				
	nge from the master's degree to certificate is approve				
been	advised of the academic consequences of making this	s change. A	in update	d program of s	tudy is attached
	Signature: Graduate Coordinator/Program Directo	r		Date	
Signature: Department Chair/Associate Dean			Date for Registrar Use		
TO:	Registrar				
RE:	Transcript comment				
Pleas	e add the following comment to the above named stu	ıdent's trar	nscript:		
"Tran	sferred from master's degree to certificate effective			."	
		Month	Day	Year	
Signature: College Dean			 Date		

Note: The college dean will inform the student, department chair/associate dean, and Office of the Registrar of the outcome of the request.