

FAYETTEVILLE STATE UNIVERSITY

GRADUATE SCHOOL

CHANGE OF INFORMATION FORM

Please complete this form and submit with supporting documentation, if required, to the Office of Admissions.

**NOTE:** It is the responsibility of incoming and current students to notify the Office of Admissions of any information changes.

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Student Name: \_\_\_\_\_ Banner #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**FILL IN ONLY THE INFORMATION THAT IS TO BE CHANGED.**

**Address Change Request:**

Current Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (ZIP Code)

New Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
Telephone Number (City) (State) (ZIP Code)

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**Semester/Term Change Request**

Current Semester/Term: \_\_\_\_\_ Requested Semester/Term: \_\_\_\_\_

**Status Change Request**

Current Status: \_\_\_\_\_ Requested Status: \_\_\_\_\_

*(I.E.: Degree Seeking, Professional Development, Teacher Licensure, Readmit)*

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**For Office Use Only**

Processor: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

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