



FLORIDA STATE UNIVERSITY

Certificate Change Request

Revised 1/22/2015

First Name _____ Middle Name _____ Last Name _____ EMPLID/Blackboard Login _____

FSU Email Address _____ Telephone _____ Date _____

Student Status (circle one for each question)

International Student **Yes** / **No** Student Athlete **Yes** / **No** Receiving VA Benefits **Yes** / **No**

Current Major: _____

Add/Delete Certificate Plan

Action: (circle one) **Add** **Delete** Plan: **Certificate**

Name: _____ Plan RQ Term: _____

ADVISOR/MAPPING COORD SIGNATURE _____ Effective Date: _____

Comments: _____

Student Signature: _____
By signing this form, the student acknowledges the potential impact of this change on Excess Credit, Financial Aid, and Graduation.

Dean's Signature: _____

Athletics: _____ Veteran Services: _____

Global Engagement: _____ Registrar: _____ Process Date: _____