



FLORIDA STATE UNIVERSITY

Graduate Major Change Request

Revised 3/3/2015

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

FSU Email Address _____ Telephone _____ Date _____

Student Status (circle one for each question)

Current Program: **MASTR** **MASTP** (part-time programs) **DOCT** **SPCLS** **CERTG**

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

Current Major: _____

Change Primary Major

New Program: (circle one) **MASTR** **MASTP** (part-time programs) **DOCT** **SPCLS** **CERTG**

New Major & Degree Sought: _____

Effective Date: _____

ADVISER _____

Program RQ Term: _____ Plan RQ Term: _____

Comments: _____

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

Dean's Signature: _____

Athletics: _____ Veteran Services: _____

Global Engagement: _____ Registrar: _____ Process Date: _____