Graduate Major Change Request

Revised 11/2/2017

First Name Middle Name		Li	Last Name		EMPLID/Blackboard Login		
FSU Email Address		Te	Telephone		Date		
Student Status (circle one fo	r each question)						
Current Program:	MASTR	MASTP (part-time programs)		DOCT	SPCLS	CERTG	
International Student Yes /	No S	tudent Athlete Ye	s / No	Receiving VA Be	enefits Yes	/ No	
Current Major:							
☐ I have made my depart	tment/college aware	of my intention to	change program	S.			
Current Adviser Signature							
Change Primary Major							
New Program: (circle one)	MASTR	MASTP (part-tir	me programs)	DOCT	SPCLS	CERTG	
New Major & Degree Sought:_							
Effective Date:							
New Adviser Signature			Effective D	atc			
Program RQ Term:	Plan RQ Term:						
Comments:							
Student Signature: By sig	ning this form, the student a	acknowledges the potentia	l impact of this change	e on Financial Aid and Gradu	ation.		
Dean's Signature:							
	Veteran Services:						
Global Engagement:	F	legistrar:		_ Process Date:			