

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

CHANGE OF MAJOR FORM

Student's Name Printed			Student ID# (Required) (Please do not list SS#)						
Last	First	MI							
Change From			Change To						
Old Major _____			New Major _____						
Old Major Code _____ Current G.P.A. _____			New Major Code _____						
			<input type="checkbox"/> Approved** <input type="checkbox"/> Denied*						
Student Signature			Expected Graduation Date: _____						
Advisor or Department Chairperson		Date	Advisor or Department Chairperson		Date				
Dean or Authorized Signatory		Date	Dean or Authorized Signatory		Date				

*If the change of major is denied, please indicate the reason(s): _____

**The change of major has been approved, and the file should now be forwarded to the new department.