FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
CHANGE OF MAJOR FORM

Student's Name Printed			**Student's EMPLID# (Required) (Please do not list SS#)**
Last	First	MI	
Change From			**Change To**
Old Major: _____ Old Major Code: _____ Current GPA: _____			New Major: _____ New Major Code: _____ _____Approved** _____Denied*
Student Signature			Expected Graduation Date: _____
Advisor or Department Chair Signature Date			Advisor or Department Chair Signature Date
Dean or Designee Signature Date			Dean or Designee Signature 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.

Student's phone#: _____

Student's FAMU email address: _____