

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:			New Major:									
Old Major Code: Current GPA:			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 Signat	ture 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: _____