

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 _____							
Student Signature			<input type="checkbox"/> Approved** <input type="checkbox"/> Denied*							
Advisor or Department Chairperson		Date	Advisor or Department Chairperson		Date					
Dean		Date	Dean		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.