



# FLORIDA STATE UNIVERSITY

## Undergraduate Major Change Request

Revised 10/13/2016

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ EMPLID/Blackboard Login \_\_\_\_\_

FSU Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Student Status** (circle one for each question)

Current Program:                    **BACH**        **BMUS**        **DANCE**        **FILMS**        **NRBSN**        **THBFA**        **UGST**

International Student   **Yes** / **No**                    Student Athlete   **Yes** / **No**                    Receiving VA Benefits   **Yes** / **No**

Current Major: \_\_\_\_\_ Map Term: \_\_\_\_\_ Map Status: \_\_\_\_\_

**Change Primary Major (career 0, seq 10)**

New Program: (circle one)                    **BACH**        **BMUS**        **DANCE**        **FILMS**        **NRBSN**        **THBFA**        **UGST**

New Major & Degree Sought: \_\_\_\_\_

Effective Date: \_\_\_\_\_

ADVISOR/MAPPING COORD SIGNATURE \_\_\_\_\_

PG RQ Term: \_\_\_\_\_ PL RQ Term: \_\_\_\_\_ New Map Term: \_\_\_\_\_ New Map Status: \_\_\_\_\_

**Add/Delete Additional Plan**

Action: (circle one)                    **Add**        **Delete**                    Plan: (circle one)                    **Major**        **Minor**        **Certificate**

Name: \_\_\_\_\_ Plan RQ Term: \_\_\_\_\_

Effective Date: \_\_\_\_\_

ADVISOR/MAPPING COORD SIGNATURE \_\_\_\_\_

**Add/Delete Additional Degree Program (Dual Degree career 1, seq 10)**

Action: (circle one)                    **\*Add**        **Delete**                    Program: (circle one)                    **BACH**        **BMUS**        **DANCE**        **FILMS**        **NRBSN**        **THBFA**

Major & Degree Sought: \_\_\_\_\_

Effective Date: \_\_\_\_\_

ADVISOR/MAPPING COORD SIGNATURE (ADD ONLY) \_\_\_\_\_

Program RQ Term: \_\_\_\_\_ Major RQ Term: \_\_\_\_\_

\* Second major/degree must be added when the student has reached between 52-90 credit hours (including current semester enrollment)

Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_  
By signing this form, the student acknowledges the potential impact of this change on Excess Credit, Financial Aid, and Graduation.

Dean's Signature: \_\_\_\_\_

Athletics: \_\_\_\_\_ Veteran Services: \_\_\_\_\_

Global Engagement: \_\_\_\_\_ Registrar: \_\_\_\_\_ Process Date: \_\_\_\_\_