

REQUEST FOR CHANGE OF GRADUATE MAJOR

COLLEGE OF GRADUATE STUDIES
JACKSONVILLE STATE UNIVERSITY
700 PELHAM ROAD NORTH
JACKSONVILLE, AL 36265

I, _____, request that my major be changed
Name Student Number

from _____
Degree Major Concentration

to _____
Degree Major Concentration

Expected Date To Enroll _____

Current Address _____

Home phone _____ Work phone _____

Cell phone _____ Email _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Degree/Major/Concentration _____

Advisor: Name _____ Number _____

Processed by _____ Date _____

WDC 4/2/08