



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

**FLORIDA A&M UNIVERSITY
SCHOOL OF ALLIED HEALTH SCIENCES
CHANGE OF MAJOR FORM**

Student's Name					Student's ID Number				
Last Name		First Name		MI					
Change Major From					Change Major To				
Old Major Code					New Major Code				
Current G.P.A.									
Student Signature					<input type="checkbox"/> Approved** <input type="checkbox"/> Denied*				
Advisor or Department Chairman				Date	Advisor or Department Chairman				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.