



Change of Major Request Form

(For NCCU Graduate Students Only)

This form is only for students requesting to change to either the online or on-campus version of the **same** program

To be **completed by student** requesting to be changed to either the online or on-campus version of the **same program**. *If you are a conditional admit, you will be admitted under the same conditions if they have not already been met at the time this form is received by the School of Graduate Studies.* **Please verify your admission status before initiating this form.**

Name: _____

Banner ID: _____

NCCU Email: _____

Current Phone/Cell: _____

(This will be used to notify student, once approved and processed)

Current Major/Degree Program: _____

If you are not sure which version of the program you are currently enrolled, please verify this information before completing and submitting this form.

New Major/Degree Program: _____

Version of same program you to which you are requesting to be changed

Why are you making this request?

Your signature confirms that you understand the following:

- 1) Your Department has to approve your request and **reserves the right to deny it.**
- 2) You are **only allowed one Change of Major Request** and will not be approved to switch back to the current version of the same program listed on this form.
- 3) If you were admitted conditionally to your degree program and have not met those conditions at the time this form is received by the School of Graduate Studies, your admit status will be the same provided you are approved by the department.

Student's Signature

Date

Student should not enter any text below this line.

This section must be **completed by the Graduate Program Coordinator** of the new program:

_____	Indicate whether or not the student is a conditional admit.
_____	If the student is a conditional admit, has the student met the conditions of his/her admission?
_____	Indicate whether the program approves the student's request to be changed from the _____ Graduate Program
_____	to the _____ to the _____ program.
4 Whether you approved or denied the student's request, please enter your justification in the space provided below:	
_____	_____
Graduate Program Coordinator Signature	Date

Department Chair Signature

Date

College/School Dean Signature

Date

For School of Graduate Studies (SGS) use only:	
_____ Reviewed by Graduate Admissions	_____ Reviewed by SGS Enrolled Student Services
_____ SGS requested more information:	
_____	_____
Dean Signature – School of Graduate Studies	Date