



TUSKEGEE UNIVERSITY

## The Graduate School

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### Change of Major Form

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

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: \_\_\_\_\_

The student shown above is requesting a change in his/her major:

From: M.S. in \_\_\_\_\_

To: M.S. in \_\_\_\_\_

Title	Date	Signature
Department Head/Program Director where the student departs from		
Department Head/Program Director accepting the Student		
Dean of the Graduate School		

cc: Applicant, Student, Program Directors, Deans, Registrar