



TUSKEGEE UNIVERSITY

The Graduate School

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Change of Major Form

Student Name: _____ Date: _____

Email address: _____ Phone: _____

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

From: M.S. / Ph.D in _____

To: M.S. / Ph.D in _____

Title	Date	Please type your name if you don't have electronic Signature
Program Director accepting the student		
College Dean accepting the student		
College Dean accepting the student		
College Dean accepting the student		
Dean of Graduate School accepting the student		

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