

REQUEST FOR A CHANGE OF EMPHASIS

SCHOOL OF FAMILY, CONSUMER, AND NUTRITION SCIENCES (FCNS)

Please provide the following information and sign you name:

Name of Student Date

Local Address ZID Number

Permanent Address Local Phone Number

City State Zip Home Phone Number

Email Address Z.I.D. _____

Current FCNS Major Emphasis

Intended FCNS Major Emphasis

Specific Reason for Request _____

Student Please Note: A request for emphasis change may be delayed until the next application period.

Student Signature Date

Current Faculty Advisor Signature Date

Area Coordinator Signature Date

FCNS Chair Signature Date

OFFICE USE ONLY

GPA _____
CUM HRS _____
Accepted _____
Denied _____
Reason for Denial: _____ _____

PLEASE RETURN SIGNED AND COMPLETED TO WIRTZ 118