

STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar

P.O. Box 13050, SFA Station • Nacogdoches, Texas 75962-3050 Phone: (936) 468-1370 • Fax: (936) 468-6651 • Email: registrar@sfasu.edu

UPDATE/CHANGE PROGRAM OF STUDY

Student's Name	Student's ID Number
s this student filed for graduati	on? Yes No
ared provisional/probationary	status? (Graduate Students) Yes No N/A
the student's red	elow and list all information as it should appear or ord. If not applicable, please enter N/A. k. If any field is left blank the form will be returned
Program Code: Ex: EDU_BS_KINE	
Major Code: Ex: KINE	
Concentration Code: Ex: FHPS	
Minor Code: Ex: MGMT	
Additional Major:	
Additional Concentration:	
Additional Minor:	
Attribute Code:	
Catalog Year: Ex: Fall 2019	
College Representative's Signa	ture & Phone Extension: Date:
	EXT:

Additional majors DO NOT mean additional degrees.