

**MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
REQUEST TO CHANGE CAMPUS**

Name: _____ MSU ID: _____ Net ID: _____
Last First Middle

Degree: _____ Major: _____

Date of Birth: _____ Telephone #: _____

CURRENT CAMPUS : _____

NEW CAMPUS: _____

SEMESTER*/YEAR: _____

*** MSU requires a student to remain in a degree program or unclassified for at least one semester prior to requesting a change of campus.**

Typed/Printed Name:

Approval Signatures:

Student

Date

Graduate Coordinator

Date

Meridian Campus Dean*

Date

Graduate School Dean**

Date

Provost and Executive Vice President

Date

*Required ONLY when changing to or from Meridian Campus

**Required ONLY for students in unclassified status