MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL

REQUEST TO CHANGE DEGREE LEVEL OR CONCENTRATION OR ADD SECONDARY CONCENTRATION

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

Date of Birth: _____ **Daytime Telephone:** _____

CHANGE EFFECTIVE:

Semester: _____ **Fall** _____ **Spring** _____ **Summer** **Year:** _____

MSU requires a student to remain in a degree program for at least one semester prior to requesting a change in degree level or concentration.

Comments (Required):

. . . . . .

Student may change degree level or concentration within the same department or umbrella program with all required signatures below. A new application, supporting documents, and application fee are not required to change degree level or concentration.

PLEASE NOTE: To change degree programs within a department or between departments, a new application, supporting documents, and application fee must be submitted. This form cannot be used to change major or college.

CHANGE DEGREE LEVEL:

Current Degree Level: **New Degree Level:**

_____ **Master's** _____ **Master's**

_____ **Educational Specialist** _____ **Educational Specialist**

_____ **Doctoral (Ed.D or Ph.D)** _____ **Doctoral (Ph.D)**

_____ **Direct Ph.D**

CHANGE CONCENTRATION:

Current Concentration: _____

New Concentration: _____

. . . . . .

Student may add a secondary concentration within the same department. Students whose programs are in an umbrella program such as Agriculture and Life Sciences, Master of Science-Agriculture, are limited to the department in which currently enrolled. Student may transfer up to 9 hours of courses from a previous program.

Requirements for both concentrations must be fulfilled prior to graduation. Once a student graduates, a second degree in the same program with a different concentration cannot be earned.

ADD SECONDARY CONCENTRATION:

Secondary Concentration: _____

Typed/Printed Name:	**Approval Signatures:**
_____ Student	_____ Date
_____ Major Professor	_____ Date
_____ Graduate Coordinator	_____ Date
_____ Graduate Coordinator (if applicable)	_____ Date
_____ Department Head (if applicable)	_____ Date
_____ Dean (if applicable)	_____ Date