



Name: _____ **9-digit ID:** _____ **NetID:** _____

 Last First Middle Initial

- This form may not be used to change to a program outside of the academic department.
- Changes reflected on this form will take effect the following term, unless student will be graduating during the current semester.
- For more information, please refer to the *Graduate Catalog*.

Submit completed form to recordchange@grad.msstate.edu