MISSISSIPPI STATE UNIVERSITY™
THE GRADUATE SCHOOL

Request to Change Program Status

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

Last   First   Middle Initial

Note the Following:

- 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.*

Current Record   ☐ **Discontinue Dual Status.**   **New Record**

Degree: _____   **Degree:** _____

Major: _____   **Major:** _____

Concentration: _____   **Concentration:** _____

Secondary Concentration: _____   **Secondary Concentration:** _____

Campus Change***   **Program Track**   **Catalog Term**

Current Campus: _____   **Current Track:** ◯ Thesis ◯ Non-Thesis   **Current Term:**

New Campus: _____   **New Track:** ◯ Thesis ◯ Non-Thesis   _____

Will student apply for graduation during the current term?   ☐ Yes   ☐ No   **New Term:**

_____

Please provide a brief reason/explanation for change:

Typed/Printed Name	Approval Signatures	Date
_____ Student	_____	
_____ Major Professor	_____	
_____ Graduate Coordinator	_____	
_____ Graduate Coordinator (If Applicable)	_____	
_____ Department Head (If Applicable)	_____	
_____ College Dean (If Applicable)	_____	
_____ Meridian Head of Campus*	_____	
_____ Graduate School Dean**	_____	
_____ Provost Office***	_____	

*Required ONLY when changing to or from Meridian Campus.
**Required ONLY for students in Unclassified Status.
***Required for ALL campus changes.

Submit completed form to recordchange@grad.msstate.edu