



MISSISSIPPI STATE UNIVERSITY™ THE GRADUATE SCHOOL

Request to Change Program Status

Name: _____ 9-digit ID: _____ Major: _____
Last First Middle Initial

Note the Following:

- This form may not be used to change to a higher degree level or change majors.
- 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

Degree: _____

Major: _____

Concentration: _____

Secondary Concentration: _____

New Record

Degree: _____

Major: _____

Concentration: _____

Secondary Concentration: _____

Campus Change***

Current Campus: _____

New Campus: _____

Will student apply for graduation during the current term? Yes No

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 Dean*

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