

This form **Must** be typed

MISSISSIPPI STATE UNIVERSITY
CHANGE IN GRADUATE PROGRAM

OFFICE OF GRADUATE STUDIES

NAME: _____ MSU ID NO: _____
(Last) (First) (Middle)

ADDRESS: _____
(Box - Street) (City) (State) (Zip)

DEGREE: _____ MAJOR: _____ MINOR: _____

COURSES TO ADD:

COURSE SYMBOL AND NUMBER	COURSE TITLE	CFV

COURSES TO DELETE:

COURSE SYMBOL AND NUMBER	COURSE TITLE	CFV

REASON FOR CHANGE: _____

Typed Name

Major Professor Date

Typed Name

Co-Major Professor Date

Typed Name

Program Graduate Coordinator Date

Typed Name

Minor Professor Date

Typed Name

Minor Graduate Coordinator Date

Typed Name

Committee Member Date

Typed Name

Committee Member Date

Typed Name

Committee Member Date

Typed Name

Student Signature Date