MISSISSIPPI STATE UNIVERSITY - OFFICE OF THE GRADUATE SCHOOL
CHANGE TO GRADUATE PROGRAM OF STUDY

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

Degree: _____   **Major:** _____

COURSE(S) TO ADD:

Course Symbol & Number*	Course Title	Credit

* Please denote MINOR courses with asterisk

COURSE(S) TO DELETE:

Course Symbol & Number*	Course Title	Credit

* Please denote MINOR courses with asterisk

- -

Typed/Printed Name: **Approval Signatures:**

_____   _____
Major Professor   Date

_____   _____
Committee Member   Date

_____   _____
Committee Member   Date

_____   _____
Committee Member   Date

_____   _____
Co-Major Professor or Committee Member   Date

_____   _____
Minor Professor (if applicable)   Date

_____   _____
Graduate Coordinator   Date

_____   _____
Minor Graduate Coordinator (if applicable)   Date

_____   _____
Dean (if applicable)   Date

_____   _____
Student   Date