

**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:

Major Professor

Committee Member

Committee Member

Committee Member

Co-Major Professor or Committee Member

Minor Professor (if applicable)

Graduate Coordinator

Minor Graduate Coordinator (if applicable)

Dean (if applicable)

Student

Approval Signatures:

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date