

MAP Report Information Change Form

Name _____ M# _____
Last First Middle

Local Address (address information on this signed form will be used to update your file unless you specify otherwise by checking here)

_____ Local Phone: _____

_____ Cell Phone: _____

City State Zip Code

Current Major: _____ Email Address: _____

Date: _____

(Changes to a major or an advisor MUST be initiated in an academic dept -- NOT on this form.)

Additions or Changes to Minors and Curriculums

	Add or Delete?	TITLE	Code: Office Use Only
Minor(s):	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Curriculum: _____

**Teacher Education or PRE: Architecture; Dentistry; Engineering; Law;
Medicine; Occupation Therapy; Optometry; Pharmacy; Physical Therapy; MBA; Veterinary**

BULLETIN YEAR/CATALOG CHANGE

(Check ONLY if there is a change!)

_____ 2003-2005 _____ 2005-2007 _____ 2007-2009 _____ 2009-2011

Degree Objective--Circle One If a Change is Needed

AA	AS	AAS	BA	BFA
BM	BS	BSAg	BSB (Business)	BAB (Business)
BSW (Social Work)	BSN (Nursing)	BIS (Integrated Studies)		

Student Signature: _____

You CAN Fax, mail or email (murraystate.edu email only) this information to:
Registrar's Office, 113 Sparks Hall
Murray KY 42071-3312
Fax: 270-809-3050
Phone: 270-809-5035
email: mapreports@murraystate.edu
Equal education and employment opportunities M/F/D, AA Employer