Reset

Murray State University
Graduate Change of Program/Adviser

(If changing adviser only, the academic department must initiate this form)

Name _____ (Last) _____ (First) _____ (Middle)

Address _____ (Street)

_____ (City) _____ (State) _____ (Zip)

MSU ID # M_____ Local Phone _____

E-Mail _____ @ murraystate.edu

Instructions: Enter all applicable items of previous information in Column A, all current items in Column B, and sign and date below.

Column A (From)	Column B (To)
Adviser _____	Adviser _____
Degree _____	Degree _____
or Certificate _____	Certificate _____
Subject area _____	Subject area _____
Catalog _____	Catalog _____

Student's Signature _____ Date _____

By signing above, I understand that this is a **REQUEST** to make changes to my graduate program and departmental approval will be required before changes are final.

This form is to be returned directly to Graduate Admissions by mail to B2 Sparks Hall, Murray KY 42071 OR you can fax to 270-809-6125. Students will be notified in writing when changes have been approved.

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