Mississippi State University Registrar's Office

Request for change of Primary/Secondary Major/Concentration and/or Campus Change

Name _____
Last First Middle

ID# _____ Local Phone Number _____

Classification: Fr So Jr Sr If senior, degree candidate for current term? _____ Yes _____ No

Current Primary Major _____

Concentration _____

Current (if any) Secondary Major _____

Concentration _____

I request approval to <u>ADD</u> a secondary major/concentration in:

Major _____

Concentration _____

I request approval to <u>CHANGE</u> my major/concentration to:

PRIMARY

Major _____

Concentration _____

SECONDARY

Major _____

Concentration _____

I request approval to <u>CHANGE</u> my campus of record:

From: _____

To: _____

_____
Student's Signature

_____
Former College Representative's Signature

_____
New College Representative's Signature

ALL MAJOR/CONCENTRATION CHANGES ARE SUBJECT TO APPROVAL BY NEW COLLEGE

FOR OFFICE USE:

Date Processed: _____ Processed By: _____

Comments: _____

White - Registrar *Green - New College* *Yellow - Former College* *Pink - New Department* *Blue - Former Department*

REG 031 05/05

Reset Form