



Office of the **GRADUATE SCHOOL**

Request to Change Campus

PLEASE TYPE OR PRINT

Last Name: _____ First: _____ Middle: _____ MSU ID No.: _____

Student Email: _____ Telephone No.: _____

I REQUEST TO CHANGE

FROM CAMPUS: _____

TO CAMPUS: _____

SEMESTER: _____

SIGNATURES:

Printed/Typed Name

Signature

Date

Student: _____

Graduate Coordinator: _____

*AOCE Director: _____

**Meridian Campus Dean: _____

***Graduate School Dean: _____

* Required ONLY when changing to or from Distance Education Campus (Division of Academic Outreach and Continuing Education)

** Required ONLY when changing to or from Meridian Campus

*** Required ONLY for students in Unclassified status

Please submit completed form to the Office of the Graduate School, Mail Stop 9703, or
P. O. Box G, Mississippi State, MS 39762-5507. This form may be faxed to (662) 325-1967.