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 # _____ Local Phone _____

E-Mail _____(To)_____ Column B

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.