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	
	City	State Zip	
MSU ID#		Local Phone	
E-Mail	(To)	Column B	
Adviser		Adviser	
Degree		Degree	
or Certific	cate	Certificate	
Subject a	area	Subject area	
Catalog		Catalog	
Student's	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.