

Mississippi State University Registrar's Office
*Request for change of Primary/Secondary Major/Concentration,
 Catalog Term 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 _____

If changing or adding a concentration, a catalog term must be given.* Catalog Term**: _____
<small>* Be advised that moving forward to a new catalog term may change the requirements needed for the current major.</small>
<small>** The catalog term requested must be a term after the effective date for the concentration being added.</small>

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

_____ Student's Printed Name

_____ Student's Signature

_____ Former College Representative's Printed Name

_____ Former College Representative's Signature

_____ New College Representative's Printed Name

_____ New College Representative's Signature

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

FOR OFFICE USE: Date Processed: _____ Processed By: _____

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