

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 _____ or Certificate _____	Degree _____ Certificate _____
Subject area _____	Subject area _____
Catalog _____	Catalog _____

Student's Signature _____