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 _____