

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 ADD
a secondary major/concentration in:**

Major _____

Concentration _____

**I request approval to CHANGE
my major/concentration to:**

PRIMARY

Major _____

Concentration _____

SECONDARY

Major _____

Concentration _____

If changing or adding a concentration, a catalog term must be given.* **Catalog Term**:** _____

* Be advised that moving forward to a new catalog term may change the requirements needed for the current major.

** The catalog term requested must be a term after the effective date for the concentration being added.

**I request approval to CHANGE
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