OFFICE OF GRADUATE STUDIES
MISSISSIPPI COLLEGE
BOX 4029
CLINTON, MS 39058

REQUEST FOR CHANGE OF MASTER'S/SPECIALIST DEGREE/MAJOR

Name_____ **Date:**_____

MC ID Number_____

Current Address_____

_____

Current Master's/Specialist Degree Being Sought:

_____

Change Master's/Specialist Degree To:

_____

Are you pursuing a Master's/Specialist Degree that leads to "AA" or "AAA" Certification?

(Circle One) YES NO

If Yes, please be sure that we have your passing Praxis I and II Test scores and a copy of your Current Class "A" or "AA" Teaching License on file.

If No, please be sure that we have passing test scores on the GMAT – required for the Master of Business Administration Program

OR

Passing scores for the GRE – required for all non-business and non-education degrees.

_____

Signature

By making this change in your degree or major, you understand that you may be required to take additional undergraduate coursework as prerequisites. You also understand that you may be required to take the appropriate Test (GMAT; GRE; or PRAXIS) for the new degree you are seeking.