



Mississippi
College

A CHRISTIAN UNIVERSITY

Accelerated Degree Program

Request to Change from a Traditional Student Program to the Accelerated Degree Program

Semester _____

Name (Please Print) _____

MC 700 Number _____

Current Major: _____

New ADP Major _____

I understand by changing my student classification to the Accelerated Degree Program, I must take 50% or more of my classes at night in the Accelerated Degree Program format. I further understand that I am not eligible to receive any institutional scholarships.

Sign _____ Date _____

Please sign, date, and return to the following address:

**Mississippi College
Office of the Registrar
Box 4028
20 Nelson Hall
Clinton, MS 39058
Fax 601.925.3481**

If you have any questions, please call the Registrar's Office at 601-925-3210 or email at registrar@mc.edu.

For Office Use:
Copy sent to:

ADP _____
Financial Aid _____