Mississippi College
A CHRISTIAN UNIVERSITY

Accelerated Degree Program

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

(Complete only those sections with an asterisk*)

*Semester_____*MC ID700_____

*Name_____*Cell Phone Number_____
(Please Print)

*Current Major: _____*Advisor _____
Folder Released by:_____ Date: _____
(Signature of Department and Date of Release)

*New ADP Major _____ Advisor_____
Folder Received by:_____ Date: _____
(Signature of Department and Date of Receipt)

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.

*Signature_____*Date_____

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

Mississippi College
Michele Ricker
Academic Advisor and Coordinator-ADP Program
PO Box 4014
Clinton, MS 39058
Fax 601.925.3954
If you have any questions, please call 601-925-3925
or email MRicker@mc.edu

For Office Use:
Copy sent to: ADP _____
Financial Aid _____