

Change of Emphasis/Degree Form

The University of Southern Mississippi
Graduate School

Completed form should be submitted to the appropriate degree auditor via email.

Date _____

Academic Level _____

Student's EMPLID: _____

Student's Name (Last, First, MI) _____

A change of emphasis/degree status on the student listed above is to be processed due to the reason(s) checked below (check all that apply).

Emphasis Change: From: _____ To: _____

Degree Change: From: _____ To: _____

Comments:

Name

Signature

Advisor/
Coordinator

Advisor/
Coordinator _____

Degree Auditor

Degree Auditor _____