

College of Graduate Studies
**International Student Change of Program
or Change of Entry Term**



THIS FORM IS FOR INTERNATIONAL GRADUATE STUDENTS ONLY.

MTSU ID Number: M _____ Email Address: _____

Last Name First Name Middle Initial

Use This Section for Change of Program

Program changes cannot take place for the semester the form is submitted **IF** registration exists for specified term. Program change will take effect for the subsequent semester.

CURRENT ACADEMIC PROGRAM OF STUDY:

Current Degree Current Program Concentration (if applicable)

PROPOSED ACADEMIC PROGRAM CHANGE:

Proposed Degree Propose Program Concentration (if applicable)

Use This Section for Change of Entry Term

Original Application Term:

New Entry Term:

Use This Section for Type of Admission (select only one)

FULL _____

CONDITIONAL _____

Signature

Date

Email to:

graduate@mtsu.edu

Mail to:

College of Graduate Studies
MTSU Box 42
Murfreesboro, TN 37132