THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

OFFICE OF THE UNIVERSITY REGISTRAR

# CHANGE OF GRADUATION INFORMATION

***To be completed by degree candidates who have already submitted a degree application, but now need to change information.***

**NAME:** _____

*PLEASE PRINT* **FIRST** **MIDDLE OR MAIDEN** **LAST**

**STUDENT ID NUMBER:** _____ **PHONE NUMBER:** _____

**MAJOR:** _____ **MINOR:** _____
*(IF APPLICABLE)*

**COLLEGE:** _____

**CAMPUS:** **GULF PARK** **HATTIESBURG** **ONLINE**
*CIRCLE ONE*

*PLEASE CHECK THE BOX OF ALL THAT APPLY:*

☐ **CHANGE DIPLOMA MAILING ADDRESS TO:**

| **ADDRESS:** | | |
|---|---|---|
| **CITY:** | **STATE:** | **ZIP:** |

☐ **DROP MY MINOR IN:** *(NAME OF MINOR)* _____

☐ **DROP MY 2ND MAJOR IN:** *(NAME OF 2ND MAJOR)* _____

☐ **ADD A MINOR IN:** *(NAME OF MINOR)* _____
*SIGNATURE OF DIRECTOR OF MINOR PROGRAM REQUIRED BELOW*

**IMPORTANT NOTE:** STUDENTS WANTING TO CHANGE THEIR DEGREE/DIPLOMA NAME MUST COMPLETE THE **OFFICIAL NAME CHANGE FORM** FOUND ON THE REGISTRAR'S WEB PAGE: WWW.USM.EDU/REGISTRAR/FORMS.

**STUDENT SIGNATURE** **DATE**

**DIRECTOR OF MINOR SIGNATURE** *(IF NEW MINOR ADDED)* **DATE**

**DEGREE PROGRESS SPECIALIST (DPS) SIGNATURE** **DATE**

PLEASE RETURN YOUR FORM BY ANY METHOD BELOW:

| **HAND DELIVER:** | **Email:** | **Fax:** |
|---|---|---|
| **GULF COAST STUDENTS:**<br>STUDENT SERVICES ONE STOP<br>1ST FLOOR HARDY HALL<br><br>**HATTIESBURG STUDENTS:**<br>KENNARD WASHINGTON HALL 110 | REGISTRAR@USM.EDU | (601) 266-5816 |