

MARSHALL UNIVERSITY OFFICE OF GRADUATE RECORDS & ADMISSIONS

100 Angus E. Peyton Drive • South Charleston, WV 25303-1600 • 304-746-1900 • 1-800-642-9842 x61900 • Fax 304-746-1902

ADVISOR and/or CAMPUS CHANGE FORM

Please use this form when requesting an Academic Advisor and/or Campus Location change

***PLEASE NOTE:** As per the Marshall University Office of the Bursar, for budget and fee assessment purposes, any request for a campus change made three weeks or more after the first day of any new term will be made effective for the next term.

PLEASE PRINT CLEARLY – THANK YOU

Student's Name: _____ MU ID #: _____

Please list any other name you have used while attending Marshall: _____

Mailing Address: _____
Check if address is new

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

Current Major and Area of Emphasis: _____

Current Campus: _____ Current Advisor: _____

Requested Campus: _____ Requested Advisor: _____
(If requesting a campus change--Note: Not all programs are offered on both campuses) (If applicable)

Comments: _____

Student's Signature Required

Date

Authorized Signature: _____
Required for Campus and/or Advisor Change
(Program Director or Dean/Department Chair)

Date: _____

FOR OFFICE USE ONLY:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	MAT: _____
Bursar Notified: _____ <small>If change must be made for current term.</small>	UGPA: _____	GRE: _____
	GGPA: _____	GMAT: _____
<small>Form Updated: 4/1/2009</small>		