

Change of Graduation Information

Steps to Process (1) Complete all applicable fields. (2) Print Form. (3) Take this form to your Hattiesburg Dean's Office, ACA member, or your ~~College~~ Student Services Coordinator. Questions should be directed to the Degree Auditor at 601266-4808 or 601266-6813.

NOTE: Form must be typed. Handwritten copies will not be accepted.
This form contains interactive fields allowing for online completion

Name	USM EMPLID W
Phone	Email
College	Campus
Major	Minor (if applicable)

#1 Change the name to appear on my diploma to: **(Note: Legal documentation must be provided to the Registrar's Office if name is other than what the University currently has on file. A \$30 fee applies**

#2 Change diploma mailing address to:

Address:		
City:	State:	Zip:

#3 I need to **DROP** my _____ in _____

#4 I need to **ADD** a _____ in _____

Note: If adding a second major, a new degree application is required for ~~major~~.

Student Signature _____ Date _____

Department Signature (if new minor added) _____ Date _____

ACA/SSC Coordinator's Signature _____ Date _____

Registrar Office use only

Completed by: _____ Date: _____