

Michigan State University
Department of Media and Information
M.A. Program Concentration/Advisor Transfer Form (8/16)

Name: _____

PID: A _____ Email: _____

Approval granted to transfer from: _____ to _____

Advisor Date

Director of M.A. Studies Date

Department Chairperson Date

This change will become effective once a new Plan of Study has been submitted to and approved by the M.A. Studies Office.

Change in Academic Advisor from: _____ to _____

Approved:

New Advisor Date

Director of M.A. Studies Date

Chairperson Date