



Department of Media & Information
MICHIGAN STATE UNIVERSITY

(updated fall 2025)

Name: _____

PID: _____

Email: _____

Approval granted to transfer from: _____ to _____
Print name of prior advisor Print name of new advisor

New Advisor signature Date

Director of M.A. Studies signature Date

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

Send signed form to Jessica Fischer: leadbet2@msu.edu

