



CHANGE PROGRAM OF STUDY/CAMPUS FORM

Student Name: _____

Gulf Coast ID Number ("M" number): _____

Email Address: _____

Telephone Number: _____

Current Program: _____

New Program: _____

- Nursing Majors – Please specify LPN (1 yr), AND (2 yr) or BSN (4 yr) nursing program.
- Secondary educations Programs – Please specify English, Science, Business, Math, etc.

Current Advisor: _____

Requested Advisor: _____

Change of Home Campus (Please circle one): Jackson County – Jefferson Davis – Perkinston – George County – Keesler Center ** - Navy Base**

** (Please note that military base centers have restricted access)

Please note for CAREER and TECHNICAL majors:

Your request for advisor or campus may be limited according to your CTE program.

Student Signature: _____

Date: _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, religion, color, national origin, sex, age or qualified disability in its programs and activities. For further information, contact the Equal Employment Opportunity Officer at a Mississippi Gulf Coast Community College Campus, Center or the District Office. Compliance is coordinated by the Associate Vice President of Administration, P.O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-6672, email address compliance@mgccc.edu.