

***UNIVERSITY OF MISSOURI-ST. LOUIS-COLLEGE OF BUSINESS ADMINISTRATION  
OFFICE OF UNDERGRADUATE ACADEMIC ADVISING***

**Registrar:**

**Please change and/or add to this degree or emphasis area(s):** \_\_\_\_\_  
(Current Degree or Emphasis)

**TO:** \_\_\_\_\_  
(New or Additional Degree or Emphasis)

**Student Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Advisor Signature)

\_\_\_\_\_  
(Date)