

Division Change Form

University of Missouri-St. Louis
Office of the Registrar

Name: _____
 Last First Middle

Student Number: _____

I am currently enrolled in (check one):

- ____ College of Arts and Sciences
- ____ School of Education
- ____ College of Business Administration
- ____ Evening College
- ____ School of Nursing
- ____ Joint Engineering

I request to reapply in (check one):

- ____ College of Arts and Sciences
- ____ School of Education
- ____ College of Business Administration
- ____ Evening College
- ____ School of Nursing
- ____ Joint Engineering

I request to reapply for the (check one semester only): **Year** _____

- ____ Fall
- ____ Winter
- ____ Summer

Degree program (major) _____

Expected graduation date: _____

Signature _____

Date _____

For Office Use Only

Processed by _____

Date _____

WHITE COPY – REGISTRARS OFFICE

YELLOW COPY – DEANS OFFICE