REGISTRAR:

Please change from this degree or emphasis area(s): ______________________________________

(Current Degree or Emphasis)

To: ___________________________________________________________________________________

(New or Additional Degree or Emphasis)

Student Name: ______________________________________     Student Number: ____________________

________________________________________________________________________________________

(Student’s Signature)    (Date)

________________________________________________________________________________________

(Advisor’s Signature)    (Date)

Rev 04/13

University of Missouri—St. Louis
College of Business Administration

BUSINESS DEGREE EMPHASIS AREA CHANGE FORM

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’s Signature)    (Date)

________________________________________________________________________________________

(Advisor’s Signature)    (Date)

Rev 04/13