



**Midwestern Baptist
Theological Seminary**

**Application for
Degree Program Change**

**Please return to the Registrar's Office:
5001 N. Oak Trafficway
Kansas City, MO 64118
Fax: 816-414-3705
Email: registrar@mbts.edu**

Student ID number: _____ Campus Box: _____

Name: (please print) _____

Address: _____

Student Email: _____ Telephone Number: _____

Are you an international student on an F-1 Visa? No Yes; If **YES**, Contact an International Student Coordinator in the Student Development Office to inform them of this change.

Please Note: It is recommended that you change to meet the degree program requirements for the current catalog.

Catalog from which you will meet the new degree requirements: _____

New Degree & Major: _____ with a
_____ concentration/emphasis, if applicable.

Former Degree & Major: _____ with a
_____ concentration/emphasis, if applicable.

Signature of student: _____ **Date** _____

FOR OFFICE USE ONLY

Received (Date/By): _____ CAMS (Date/By): _____

Send Copy to Financial Aid Office (Date/By) _____