



## 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

Name: (please print) \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

This address is:  local (temporary)  home (permanent)

Student Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Are you an international student on an F-1 Visa? Yes  No

If YES, Contact an International Student Coordinator in the Registrar's Office to inform them of this change before submission.

ISS Advisor Signature: \_\_\_\_\_

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

If Applicable  on-line degree  on-campus degree

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

Please Note: Degree requirements and other policies will be determined by the catalog in force at the time the degree change is made.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Received (Date/By) \_\_\_\_\_ CAMS (Date/By): \_\_\_\_\_

Send Copy to Financial Aid Office (Date/By) \_\_\_\_\_