

REQUEST FOR CHANGE TO A PROGRAM OF STUDY

NAME (PRINTED) _____

STUDENT NUMBER _____

CURRENT ADDRESS _____

DEGREE SOUGHT _____

CITY STATE ZIP CODE _____

DEGREE PROGRAM AND EMPHASIS AREA _____

UMKC EMAIL: _____

PHONE #: _____

	DEPT/NUMBER	TITLE OF COURSE	HOURS
DELETIONS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ADDITIONS:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Approvals

_____	_____	_____	_____
Faculty Advisor	Date	Division Chairperson	Date
_____	_____	_____	_____
Student's Signature	Date	Dean, School of Education	Date