



# Change of Degree Program Request

**Registrar's Office**

1435 N. Glenstone Ave.  
Springfield, MO 65802  
Phone (417) 268-1025, Fax (417) 268-1030  
[records@agts.edu](mailto:records@agts.edu)

**Note: There is a \$15.00 fee to process this request.**

Date \_\_\_\_\_

Full Name (Please Print) \_\_\_\_\_  
*First middle last*

Student Number: \_\_\_\_\_

Semester \_\_\_\_\_

**I request my degree program to be changed as follows:**

Current degree program \_\_\_\_\_

New degree program \_\_\_\_\_

Reason for change \_\_\_\_\_

**Sign form and obtain your advisor's signature before submitting to the Registrar's Office.**

Student's signature \_\_\_\_\_

Academic advisor's signature \_\_\_\_\_

Registrar's signature \_\_\_\_\_

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**Registrar's Office Use Only**

Degree prerequisites added by change \_\_\_\_\_ Degree prerequisites  
deleted by change \_\_\_\_\_

Student classification updated by \_\_\_\_\_ Date \_\_\_\_\_