



Change of Degree Program

Records Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1025 • Fax (417) 268-1030

records@agts.edu

Date _____

Full name (*please print*) _____

Student number _____ Semester _____

I request my degree program be changed as follows:

Current degree program _____

New degree program _____

Reason for change _____

Signatures required:

Student _____ Date _____

Advisor _____ Date _____

Registrar _____ Date _____

Records Office use only:

Degree prerequisites added by change _____

Degree prerequisites deleted by change _____

Student classification updated by _____ Date _____