

This form must be completed electronically.

You can download this form to complete using Adobe Acrobat before printing to obtain signatures.

Student Name: _____ ID #: _____ @ _____

Student E-mail: _____ Date: _____

Current MBA Concentration: _____ Current GPA: _____

Briefly describe why you wish to change your concentration.

MBA Concentrations

Please indicate which concentration you would like to move into:

ONLINE ACCELERATED STUDENTS

- Accounting
- Business Analytics Management
- Finance
- Healthcare Management
- Human Resources Management
- Management
- Marketing Management
- Supply Chain Management

ON CAMPUS STUDENTS

- Accounting (on campus)
- Human Resources Management (on campus)
- Management (on campus)

Signatures

Student Signature: _____ Print Name: _____ Date: _____

Faculty Advisor or Program Chair

Support Do Not Support

Signature: _____ Print Name: _____ Date: _____