

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: \_\_\_\_\_