

**MARIAN UNIVERSITY**  
— Indianapolis —<sup>®</sup>  
**Marian's Adult Programs**

**Request to Change Degree, Major or Concentration**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID or last four digits of SSN \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Office Use Only:  
\_\_\_\_ Registrar  
\_\_\_\_ MAP Student File  
\_\_\_\_ CAMS \_\_\_\_\_

Degree/Major/Concentration Change

Please change my degree to the option(s) selected below.

\_\_\_\_ Non-degree Seeking Student

\_\_\_\_ Paralegal Certificate

\_\_\_\_ Associate of Science in Paralegal Studies

\_\_\_\_ ABA Select one concentration for an ABA.

\_\_\_\_ Management

\_\_\_\_ Marketing

\_\_\_\_ Human Resources Management

\_\_\_\_ Finance

\_\_\_\_ Business Technology

\_\_\_\_ Project Management

\_\_\_\_ Fundraising Management

\_\_\_\_ Meeting and Event Planning

\_\_\_\_ BBA Select up to three concentrations for a BBA.

\_\_\_\_ Management

\_\_\_\_ Marketing

\_\_\_\_ Human Resources Management

\_\_\_\_ Finance

\_\_\_\_ Business Technology

\_\_\_\_ Project Management

\_\_\_\_ Fundraising Management

\_\_\_\_ Meeting and Event Planning

\_\_\_\_ Business Certificate \_\_\_\_\_

(Select one of the concentration options listed above.)

\_\_\_\_ BHHS – Bachelor of Health and Human Services

\_\_\_\_ RN to BSN (Please Note: An active RN license is required for this degree.)

**I have discussed degree options with my academic advisor and agree to the changes listed above. I also understand that, after my new degree plan has been processed, I may alter my concentration selections at any time.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_