

International Technological University

2711 North First Street - San Jose, CA 95134 Phone (888) 488-4968 www.itu.edu

Master of Business Administration REQUEST TO DECLARE OR CHANGE DEGREE CONCENTRATION

ITU requires that this form be submitted before the completion of 19 credit hours in order to declare or change your concentration. You must completely fill out and submit this form to your Academic Advisor before the 1st day of the following trimester.

Name:		Student ID:
Last	First Middle	
Email:		Telephone:
Change Effective:		
Γrimester: □ Fall □ Spring	□ Summer Year:	
Current Concentration:		
New Concentration (Please select of	one):	
☐ Business Analytics	☐ Healthcare Management	☐ General MBA
Reason for change:		
be permitted to change back after compl	letion of 19 credit hours once I have d that I will graduate with a General	tion marked above. I understand that I will not e submitted this form. If I do not fulfill the I MBA degree. Furthermore, I acknowledge my transcript.
Student Signature:		Date:
For Office Use Only:		
☐ Approved ☐ Denied Comments:	•	
Academic Advisor (Print Name)	Signature	Date Approved
Office of the University Registrar (Print	Name) Signature	Date Processed

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