

Undergraduate Degree Advancement

College of Professional Studies

INDIANA TECH

Note to the Student

If you plan to pursue another degree, please select a degree below. Your credit will be reevaluated based on the new program. You may check your academic record on my.IndianaTech.edu.

Student Information

Name: _____
Last First Middle Maiden

Home Address: _____
Street

City State ZIP

Home Phone: _____ Business Phone: _____

E-mail: _____ Social Security Number: _____

Bachelor of Arts

Information Systems

Bachelor of Science

Accounting

Business Administration – Health Care Administration

Business Administration – Human Resources

Business Administration – Management

Business Administration – Marketing

Business Administration – Management Information Systems (MIS)

Criminal Justice – Crime Analysis

Criminal Justice – Criminal Justice Administration

Human Services

Organizational Leadership

Industrial and Manufacturing Engineering (IME)

Student Signature (required) _____ Date _____

Please return this form to:

Registrar's Office
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
Fax: (260) 424-4831

For Office Use Only

Jenzabar EX: _____ Advising _____ Associate Registrar _____ ID#: _____