

The University of Montana Western

Request to Change Degree or Advisor

Instructions: Use this form to request changes to your Program of Study or your Academic Advisor. Please provide all information requested on the form. If there is a question or problem you will be contacted before any changes are made.

Name Student ID Birth Date

Mailing Address City State Zip code

Current local phone number

_____ Change of Program – Please check all areas to be changed or added

_____ Catalog year _____

_____ Degree

_____ AA _____ AS _____ AAS _____ BS _____ BA _____ BAS

_____ Major/Option area

_____ Teaching Non teaching

_____ Minor/Related area

_____ Change of Advisor

Previous Advisor _____

New Advisor Signature _____

For office use only

Entered by _____

Date _____

Student Signature Date