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 ________________________________

_______________________________________ _____________________
Student Signature     Date

For office use only
Entered by ___________
Date ________________