The UNIVERSITY of MONTANA WESTERN Request to Change Student Information

INSTRUCTIONS: Read & follow instructions. Use this form to request changes to student information maintained at UMW. Complete this form as soon as possible following your decision to make a change; allow 3-4 weeks for changes to take effect. Print legibly. Be very specific, include **ALL** pertinent information. Complete Parts A, B & C, and then <u>submit completed forms to the Registrar's Office</u>. Answer all questions. **Incomplete or improperly completed forms will rejected**.

Print Name		Student ID / Social Security Number	Birth date	
Address (Street or PO Box Number)	City	Sta	te & Zip Code	
E-MAIL Address (other than your U	UMW e-mail address):			
DADT A. William		1 DE VEDV (DECIFICA)		
PART A : What changes are yo				
1 Name Change - you m or judges order, for ex-		uments verifying legal name change	e - a marriage license or a court	
2 Address Change - cha *Students can update mailing ad-	nge which address:Mailingdress information on DAWGS (dawgs.umwe	g (temporary)* Permanent/Parestern.edu). Change "Billing Addresses" at the UN	ents**E-mail IW Business Services Office.	
3 Change Program of S *Students making program of st	tudy* - check which part: udy changes must switch to (meet graduation	Degree*Major/Option* requirements outlined in) the most recent (as of the	Minor/Related Area* ne date below) catalog published.	
deadline to add classes	S). E-Learning only students are restricted t	from "e-Learning only" (submother than the control of the control	rses during the specified term, NO EXCEPTION	
5 Withhold Directory In	nformation, I wish to have my	directory information kept confiden	tial (no Part B section required).	
PART B : Provide all pertinent i	information for each change rec	wastad ha vary spacific		
		· -		
1. Name Change: Previous or form		New Name		
*You must attach a copy of a legal	document (marriage license, court orde	er, etc.) verifying that a legal name change ha	as occurred.	
2. New Address Information*:	Street or PO Box			
	City, State & Zip			
	nent/Parents Address, you must answer			
Who else lives at this (permanent) address?			Relationship?	
NEW E-n	nail address >			
	opriate space in Part A-2) which address			
3. Program Change* (list degr	ee, major & minor):			
	Dllowing :hanges must switch to (meet graduation requ	*Be sure to indicate in Part A-3 what changes you irrements outlined in) the most recent (as of 'Today		
		designate (below) the semester and Aid Office (before returning the f		
Term (Fall, Spring, Summer)	Academic Year (exam	ple 2011-12) Signature Financi	ial Aid Office Representative	
		" changes must be filed in the Registrar's Office to signated above; NO mid-semester status changes		
PART C: Only "authorized" change processed as soon as possible and should be	es will be processed; you must sign and effective within 1-6 weeks depending t	date this form before submitting it to the Re	egistrar's Office. Your request will be eeting applicable deadlines.	
Student Signature	Student Signature			