HELENA COLLEGE
UNIVERSITY OF MONTANA

Change of Program/Advisor Form

(Black or Blue ink only)

Student ID: _____ **Name:** _____
Last First Middle

PROGRAM CHANGE:

Current Degree: (Check one) *Certificate of Applied Science (CAS)* _____ *Associate of Applied Science (AAS)* _____
Associate of Science (AS) _____ *Associate of Arts (AA)* _____

Program (example: Computer Tech, PreNursing) _____

Concentration (example: Networking) _____

New Degree: (Check one) ***Certificate of Applied Science (CAS)** _____ *Associate of Applied Science (AAS)* _____
Associate of Science (AS) _____ *Associate of Arts (AA)* _____

Program (example: Computer Tech, PreNursing) _____

Concentration (example: Networking) _____

ADVISOR CHANGE:

Current Advisor _____ **Requested New Advisor** _____

New Advisor Signature _____ **Date** _____

Second Degree - Optional: (Check one)
***** *Certificate of Applied Science (CAS)* _____ *Associate of Applied Science (AAS)* _____
Associate of Science (AS) _____ *Associate of Arts (AA)* _____

Program (example: Computer Tech, PreNursing) _____

Concentration (example: Networking) _____

If changing to a certificate program:
I have received the gainful employment information for my new certificate program. Initial _____

Financial Aid Recipients

If you are receiving financial aid (grants, scholarships, work-study and/or loans) assistance, changing your program may affect your eligibility. You are responsible to know your eligibility requirements before changing.

Program change requests received after the 15th day of instruction will be effective the following term.

STUDENT SIGNATURE _____ **DATE** _____

Office Use Only	
Financial Aid	Registrar
Date Received:	Date Posted:
Date Reviewed:	

Return to the Registrar's Office (Welcome Center)

Revised Oct-20