

Advisor/Major Change Request

Date _____ Student #/Social Security # _____

Student's Name _____

Current Degree/Certificate _____

Degree/Certificate changing to _____ Program _____

Which semester will change be effective? _____

The Admissions Office will assign an advisor in the new program. If you wish to request a specific advisor, please have them sign below.

New Advisor's Signature: _____

Reason for change _____



Flathead Valley Community College
777 Grandview Drive • Kalispell, MT 59901

(5/4/07)

Office Use Only:

Financial Aid / Veterans': _____

Admissions/Computer _____

Advisor/Major Change Request

Date _____ Student #/Social Security # _____

Student's Name _____

Current Degree/Certificate _____

Degree/Certificate changing to _____ Program _____

Which semester will change be effective? _____

The Admissions Office will assign an advisor in the new program. If you wish to request a specific advisor, please have them sign below.

New Advisor's Signature: _____

Reason for change _____



Flathead Valley Community College
777 Grandview Drive • Kalispell, MT 59901

(5/4/07)

Office Use Only:

Financial Aid / Veterans': _____

Admissions/Computer _____