



Office of the Registrar

Nueta Hidatsa Sahnish College

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New Town, ND 58763

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DEGREE CHANGE FORM

Student Name: _____ Student ID: _____

Advisor Name: _____

Students Email: _____ Phone #: _____

Term: _____ Year: _____ Date: _____ Major: _____

_____ Diploma	_____ Certificate	_____ AA	_____ AAS	_____ Bachelors
Current Major (s): _____	Current Advisor: _____	Date: _____	(Signature)	

_____ Diploma	_____ Certificate	_____ AA	_____ AAS	_____ Bachelors
Current Major (s): _____	Current Advisor: _____	Date: _____	(Signature)	

Effective Bulletin Year: 2018-2019 2019-2020 2020-2021 2021-2022

Expected Graduation Term: _____ Year: _____

Financial Aid Advisor must sign after funding source has been notified by the student.

(Financial Aid Signature) Date: _____

By signing below, I acknowledge that this change will be made to my degree in all academic records. I have met with my new advisor and will pursue my new degree plan as advised. I understand that not all courses I have completed may transfer to my new course of study.

(Student Signature) Date: _____

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE****

Registrar's Use Only

Date of institutional Degree Change: _____	Signature: _____
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