

Office of the Registrar

 Nueta Hidatsa Sahnish College

PO Box 490/220 College Drive

 New Town, ND 58763

 Phone: 701-627-8047

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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.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Financial Aid Signature)**

**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 purse my new degree plan as advised. I understand that not all courses I have completed may transfer to my new course of study.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Student Signature)**

**\*\*ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR’S OFFICE\*\***

**Registrar’s Use Only**

Date of institutional Degree Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised 6.27.18 JM**