



BLACKFEET COMMUNITY COLLEGE
Change of Student Information

Blackfeet Community College
Student Services Department
Registrar/Admissions Office

Name: _____ Student ID#: _____

Please Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Change of major | <input type="checkbox"/> Change of advisor |
| <input type="checkbox"/> Change of name (must provide SS Card that reflects this change) | <input type="checkbox"/> Change of address (specify change to be made) _____ |
| <input type="checkbox"/> Change of phone number | <input type="checkbox"/> Other |

I am requesting the following information be changed from: _____

To be recorded as: _____

Student Signature: _____	Date: _____
Advisor Signature: _____	Date: _____

Copy to Registrar & Financial Aid