Distance Learning
Change of Status

Mail completed form to:
Graduate School
The University of Montana
224 Lommasson Center
Missoula, MT 59812

OR **Fax completed form to: (406) 243-4593**
Phone: (406) 243-2572

TERM _____ **YEAR** _____ **for this request**

Name: _____ UM ID#_____
(Last) (First) (Middle/Maiden)
List any other name under which your records might appear _____
Mailing
Address: _____
(Street)
_____
(City) (State) (Zip)
Telephone Number: _____
(Area Code) (Telephone Number)

Email address: _____

Check one of the below

___ **I want to take <u>ONLY</u> DISTANCE (on-line) courses.** **I understand if I become a Distance Only Student, that I am not eligible for:** • The University of Montana Health Insurance • Athletic Event ticket discounts • Campus Recreation • **I will not be eligible to take <u>any</u> campus based courses** **Signature**	___**I do <u>NOT</u> want to be restricted to only DISTANCE (on-line) courses.** I understand that I will be eligible to take courses offered on and off campus and on the internet. I will be allowed access to all campus-based services included in my tuition and fees. **Signature**

Office Use Only

Campus = (**MD or TD)**
Residency = (**S or D)**
Admit Type = (**+D)**

Campus = (**M or T)**
Residency = (**I or O)**
Admit Type = (**Remove D)**

Current Admission Status of Student:

___ Undergraduate Nondegree
___ Undergraduate Degree
Major(s):_____
Minor(s): _____
Option(s): _____

___Post Baccalaureate
Major(s):_____
or General Studies
___Graduate Nondegree
___Graduate Degree
Major(s):_____

__copy to Financial Aid Office __copy to Curry Health Services revision 05/09/07