

# Retroactive Course Change



Office of the Registrar  
Lommasson 201  
Missoula, MT 59812  
Phone: (406) 243-5600  
Fax: (406) 243-4087  
[registration@umontana.edu](mailto:registration@umontana.edu)

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Student Last Name

Student First Name

Student ID

Semester of Requested Change:  Spring  Summer  Fall

CRN  Subject  Course  Credits  Grade Mode

Student Request

Instructor Support/Approval

Adviser Support/Approval