



Montana Early Childhood Project  
 Spring/Summer Semester 2010  
 Higher Education Merit Pay

## Request to Change Plan of Study

Name \_\_\_\_\_ State PS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Check here if this is a new address

Please use another sheet of paper if more space is needed

Original Plan of Study course/courses:	Number of Credits
Requested Change of original courses:	Number of Credits

I certify that all information given is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact The Early Childhood Project at 1-800-213-6310 or visit [www.mtecp.org](http://www.mtecp.org).



Send to:  
 Early Childhood Project—MSU  
 PO Box 173540  
 Bozeman, MT 59717



FOR ECP OFFICE USE ONLY

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_