



montana early childhood project

Professional Development Incentive
Award—Higher Education

Request to Change Plan of Study

Please check one of the following: _____ Spring Semester _____ Fall/Summer Semester

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			
College Course	Name of College/University	Start Date & End Date	Semester or Quarter Credits
Requested change Plan of Study			
College Course	Name of College/University	Start Date & End Date	Semester or Quarter 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.



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

FOR ECP OFFICE USE ONLY

Approved by: _____ Date: _____