

# MSU - GREAT FALLS COLLEGE OF TECHNOLOGY

## Additional Program Request Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

*Please add this program as a second major to my record at MSU-Great Falls*

Program Name: \_\_\_\_\_

*PRINTED* name of Advisor for this program: \_\_\_\_\_

*SIGNED* name of Advisor for this program: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Processed:	Processed by	
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