



**MSU - GREAT FALLS COLLEGE OF TECHNOLOGY
CHANGE OF NAME**

Please return completed form to Admissions & Records in Student Central or Mail to: MSU-Great Falls COT, Admissions & Records, 2100 16th Avenue South, Great Falls, MT 59405, or Fax to: (406) 771-4329

Please attach a copy of your new Social Security card*

PREVIOUS LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

NEW LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

Social Security Number: _____ - _____ - _____

Effective Date: _____

Current Program or Last Term Attended: _____

Does your name displayed in D2L need to change? Yes No (circle one)

Does your university email need to change? Yes No (circle one)

Student Signature

By your signature you are requesting the college to update the information listed above.

*** A receipt will be accepted until an actual card arrives.**