



MONTANA STATE UNIVERSITY - GREAT FALLS  
COLLEGE OF TECHNOLOGY

**CHANGE OF PROGRAM and/or ADVISOR REQUEST FORM**

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

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

Current Program (program changing from): \_\_\_\_\_

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

New Degree (degree changing to):     Associates         Certificate         Non-degree

New Program (program changing to): \_\_\_\_\_

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

Advisor's Signature for this program: \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Date Processed:</b>	<b>Copy to Old Advisor</b> <input type="checkbox"/>	<b>New Student</b> <input type="checkbox"/>
<b>Processed by:</b>	<b>Copy to New Advisor</b> <input type="checkbox"/>	

**October 2008**

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