GREAT FALLS     Academic Change Form       MONTAINA STATE					
Student Name:		Student I	Student ID:		
Effective date will be toda	ay's date unless specified as other	her: Now 🗆	Other:		
I would like to:					
	program to: e seeking the following must be on file: In				
Add / Change meta	amajor:				
Add /Change an addit	ional program:				
Change my advisor	to:				
Student Signature:			Date:		
Advisor Signature:			Date:		
Last updated 7/2019	Date Processed: F   Processed by: F	Pull Transcripts			