

Office of the Registrar

APPLICATION FOR SECOND MAJOR

All applications for graduation must be on file with the Registrar no later than the end of the 10th week of the semester PRIOR to the semester of completion. Applications are valid only for the year (Summer through Spring) in which they are submitted.

To Be Completed by the Student		Attending Commencement ?	YES
Please Type or Print Legibly in Ink		Year	NO 🗌
Print Name (as you wish it to appear on your diplom	a)	Student ID ^ (-0xxxxxx)	
2nd Major			
College: Health Professions & Sciences	Liberal Arts & Socia	l Sciences	
Education	Business		
Semester of Graduation Year of	f Graduation	Catalog Year	
Diploma Address (Street, City, State, Zip)		Phone (with Area Code)	
IMPORTANT PLEASE READ Please submit your completed application along w DEGREE WORKS AUDIT, & \$50 APPLICATION Email : registrar@msubillings.edu			
Advisors Please Complete This Section Student has met credit requirement for second m	ajor	YES NO_	
Advisor Name (print)	Advisor Signature	Date	
*Signing this application overrides any non-disclosur records. I have met with my faculty advisor and un	e forms signed in the past. A	ny and all graduation information will b	
Degree Candidate Signature	Date	Email	
Department Chair Signature	Date		
Major Code(s) College(s)	Degree(s)	Dept(s)	This section is for office use only
			use only