Great Falls College MSU ADD CARD

NAME: _____   STUDENT ID: _____
LAST　　　　　　*FIRST*　　　　　*MIDDLE*

TERM: ☐ Fall　　☐ Spring　　☐ Summer　　YEAR:_____

IMPORTANT INFORMATION / DIRECTIONS

- If the class you are trying to add is full, **the class has already started**, or you have a time conflict or prerequisite need, you must fill out an Override Card instead of this card.
- Be sure to check with Student Accounts for any changes in fee assessment.

Student Signature:_____　　**Phone:**_____　　**Date:**_____

B*Y YOUR SIGNATURE, YOU ARE REQUESTING THE COLLEGE TO ADD YOU TO THE REQUESTED CLASS(ES) AND YOU UNDERSTAND THAT THIS MAY AFFECT YOUR BILL WITH THE COLLEGE.*

ADD →

CRN No.	Subject	Course No	Section	Instructor	Number of Credits

Date: _____
Date: _____

Entered by: _____
Student Notified by: _____

Updated:2/25/21