

APPLICATION FOR PROGRAM COMPLETION

Additional Major

Winona State University
Graduate Studies

Complete this form and return to your Advisor for his/her approval.

Student Name:

Warrior I.D.:

Work Phone: Home Phone:

E-mail address:

Permanent Address:

Mailing Address
if different from
permanent address:

Please list the additional major which you are adding:

Semester and Year for completion of concentration:

Advisor: Total number of credits for major:

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Signature of Applicant _____ Date _____

Signature of Advisor _____ Date _____

(Advisor signature verifies that the above student has completed all required course work for the major)