

STUDENT INFORMATION CHANGE FORM

 INSTRUCTIONS (PLEASE READ AND COMPLETE APPROPRIATE SECTIONS) Student ID and Full Name must be filled in to the right. Social security card is required for social security number changes and other documentation is required for name changes (ex. Drivers license, marriage certificate, court documents.) The Incorrect/Old Information must be filled in if there is a change. If you are changing your program code and receiving Financial Aid, Veteran's Benefits, and/or enrolled as an International student, it is your responsibility to check with the necessary departments before making the change. If the current semester has begun, the change of program may begin the following semester. Have you applied for graduation? ☐ Yes (Term/Year:/) ☐ No 			STUDENT ID # (REQU	IRED) LA	ST 4 SSN	
			LAST NAME (REQUIRED) FIRST NAME (REQUIRED)			
						INCORRECT/OI
PROGRAM CODE			PROGRAM CODE			
(Note: AS Health Science Programs other than Opticianry, Optical Management Technology, and Counseling & Human Services will be under AA.AH or AS.PRE program)			(Note: AS Health Science Programs other than Opticianry, Optical Management Technology, and Counseling & Human Services will be under AA.AH or AS.PRE program)			
SOCIAL SECURITY NUMBER CORRECTION			SOCIAL SECURITY NUMBER CORRECTION			
LAST NAME FIRST NAME MI		LAST NAME	FIRST NAME	FIRST NAME MI		
ADDRESS			ADDRESS			
CITY	STATE	ZIP	CITY	STATE	ZIP	
TELEPHONE #	EMAIL ADDRESS		TELEPHONE #		EMAIL ADDRESS	
Home:			Home:			
Work:Cell:	-		Work: Cell:			
SIGNATURE	• 1		DATE			