

STUDENT INFORMATION CHANGE FORM

	STRUCTIONS (PLEASE R			•	STUDENT ID # (REQU	IRED)	LAS	T 4 SSN
1.			-	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.							
_					LAST NAME (REQUIRED)			
	-			-				
3.	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				FIRST NAME (REQUIR	RED)		
	semester has begun, the change of program may begin the following semester.							
4.	_			-				
4. Have you applied for graduation? □ Yes (Term/Year:) □ No INCORRECT/OLD INFORMATION					CORRECT/NEW INFORMATION			
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PROGRAM CODE					PROGRAM CODE			
(Note: AS Health Science Programs other than Opticianry, Optical Management Technology,					(Note: AS Health Science	Programs other than On	ticianny Ontica	Managomont
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			
LA	ST NAME	FIRST NA	ME	MI	LAST NAME	FIRST NAM	E	MI
ADDRESS					ADDRESS			
Cľ	ГҮ		STATE	ZIP	CITY		STATE	ZIP
TE	EPHONE # EMAIL ADDRESS			TELEPHONE #		EMAIL ADDRESS		
Но	ome:			Home:				
w	ork:			Work:				
Ce	ll:				Cell:			
SIGNATURE					DATE			
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