



CHANGE OF STUDENT INFORMATION

This is a change of (select all that apply):

☐ NAME

☐ EMAIL ADDRESS

☐ MAILING ADDRESS

☐ MAJOR

☐ PHONE NUMBER

☐ MINOR

.....

SSN OR STUDENT ID#: (MUST FILL IN) _____

NAME: (MUST FILL IN) _____

NAME CHANGE: _____

NEW ADDRESS: _____

EMAIL CHANGE: _____

PHONE CHANGE: HOME: _____

CELL: _____

WORK: _____

CHANGE OF MAJOR: _____

*** IF CHANGING YOUR MAJOR, PLEASE WRITE YOUR ADDRESS IN THE AREA PROVIDED ABOVE.**

MINOR: ☐ ADD ☐ DROP: _____

STUDENTS SIGNATURE: _____

TODAY'S DATE: _____

DO NOT WRITE BELOW LINE

Counselor: _____ Computer Change: _____ Date: _____