

STUDENT CHANGE OF DATA FORM

**** A New application is required if student has not attended within a year****

Student ID # / STAR ID: _____ Today's Date: _____
Name: _____
(Last) (First) (Middle)

Name: (Must be accompanied by official legal documentation, marriage certificate, divorce decree and one other form of ID (Example: Social security card or driver's license))
Previous Name _____
(Last) (First) (Middle)
New Name _____
(Last) (First) (Middle)

Address Change:
From: _____ To: _____
(House # Street, Apt #) (House # Street, Apt #)

(City State Zip) (City State Zip)
 State of Residency _____ (Must be accompanied by Driver's license or additional proof)
(Years) (Months)

Phone Change:
From: H (___) _____ To: H (___) _____
From: C (___) _____ To: C (___) _____

Email Change:
From: _____ To: _____
**** Student is responsible for changing email with Mobile One Banking if receiving financial aid ****

Major Change New Start term _____ Cancel File _____
** If change is after the 1st week of semester change must be made to next term** (Reason for Cancelling)
From: _____ To: _____
From: Diploma/ Certificate/ AS AAS (circle one) To: Diploma/ Certificate/ AS AAS (circle one)
 Add Additional Major: _____
Term to Start New Major: Fall _____ Spring _____ Summer _____ (circle one)
Additional Requirements: Required Accuplacer Scores _____ High School Diploma _____
Transfer Credits _____ Campus Visit _____ Driver's License _____ Other _____
Will student need to attend a Student Orientation & Registration Session? YES/NO (circle one)

Student's Signature: _____ Date: _____

OFFICE USE ONLY

Received By: _____ **Date:** _____

Documentation Attached: Y/N

Academic Advisor: _____ **Date:** _____

Admissions Processed: _____ **Date:** _____

Academic Affairs Processed: _____ **Date:** _____

New Advisor assigned Registration Access Code Added

Admissions Scanned & Imaged

Additional Comments: _____

