

# CHANGE OF INFORMATION, PROGRAM, SPECIALTY, AND/OR DEGREE FORM IVY TECH COMMUNITY COLLEGE OF INDIANA

Effective Term: _____ Campus _____	
Last Name	First Name
MI	Banner ID

CHANGE OF INFORMATION	
CHANGE FROM:	CHANGE TO:
<b>Former Name:</b>	<b>New or Correct Name:</b>
	Source:
<b>Incorrect Date of Birth</b>	<b>Correct Date of Birth</b>
<b>Former Address</b>	<b>New Address</b>
Street:	Street:
City:                      State:                      Zip:	City:                      State:                      Zip:
County:	County:
<b>Former Home Telephone Number:</b>	<b>New Home Telephone Number:</b>
(    )	(    )
<b>Former Work Telephone Number:</b>	<b>New Work Telephone Number:</b>
(    )	(    )
<b>Former Contact for Emergency Care:</b>	<b>New Contact for Emergency Care:</b>
<b>Former Contact:</b>	<b>New Contact:</b>
<b>Phone:</b>	<b>Phone:</b>

CHANGE OF PROGRAM, SPECIALTY, AND/OR DEGREE OR OBJECTIVE	
Do you receive V.A. Benefits?    Yes    No	
<b>CHANGE FROM:</b>	<b>CHANGE TO:</b>
<b>Former Program:</b>	<b>New Program:</b>
	Reason for Change:
<b>Former Concentration:</b>	<b>New Concentration:</b>
	Reason for Change:
<b>Former Degree:</b>	<b>New Degree:</b>
	Reason for Change:
<b>Former Campus:</b>	<b>New Campus:</b>

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature (For Change of Program, Concentration, and/or Degree)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Input by:

\_\_\_\_\_  
Date