



# CHANGE OF INFORMATION FORM

Term: \_\_\_\_\_ Campus: \_\_\_\_\_

Last Name	First Name	MI	Student ID Number

**COMPLETE ONLY THE BOXES IN WHICH INFORMATION IS BEING REQUESTED TO BE CHANGED.**

CHANGE FROM:

CHANGE TO:

<b>Former Name:</b>
<b>Incorrect Social Security Number or Birthdate:</b>
<b>Former Address:</b>
Street Address
City                      State                      Zip
<b>Former Home Phone Number:</b>
(       ) _____ Area Code
<b>Former Work Phone Number:</b>
(       ) _____ Area Code
<b>Former Contact for Emergency Care:</b>
Former Contact:
Phone: _____
<b>Change of Program, Specialty, and/or Degree or Objective</b>
Former Program (Ex. HOSP)
Former Concentration (Ex. BKR)
Former Degree (Ex. AAS)
Former Campus (Ex. H1 or Indpls)

<b>New or Correct Name:</b>
<b>Correct Social Security Number or Birthdate: (Must provide documentation)</b>
<b>New Address:</b>
Street Address
City                      State                      Zip
<b>New Home Phone Number:</b>
(       ) _____ Area Code
<b>New Work Phone Number:</b>
(       ) _____ Area Code
<b>New Contact for Emergency Care:</b>
Former Contact:
Phone: _____
<b>Change of Program, Specialty, and/or Degree or Objective</b>
New Program (Ex. VISC)
New Concentration (Ex. PHO)
New Degree (Ex. AS)
New Campus (Ex. H1 or Indpls)

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADVISOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROCESSED BY:

\_\_\_\_\_  
DATE