



# Request for Change

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**Change of Address:** \_\_\_\_\_  
New Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Phone Number:** \_\_\_\_\_

**Name Change\*:** \_\_\_\_\_  
Previous Name \_\_\_\_\_ New Name \_\_\_\_\_

*\*If your name has changed, you must provide a copy of your Social Security Card*

**Change of Degree or Certificate Program\*\*:**  
Old Degree \_\_\_\_\_ New Degree \_\_\_\_\_

*\*\*If your degree or certificate change is approved, you must change your intent code with the Admissions and Records Office*

**Change in Enrollment Status:** (Please circle one status per quarter)

	<i>Full Time</i> (12 or more credits)	<i>3/4 Time</i> (9-11 credits)	<i>1/2 Time</i> (6-8 credits)	<i>&lt;1/2 Time***</i> 1, 2, 3, 4, or 5	not attending
<b>FALL</b>					
<b>WINTER</b>					
<b>SPRING</b>					
<b>SUMMER</b>					

**\*\*\* Circle appropriate credit number. Limited funding is available.**

**Scholarship Information:** I am *now* receiving these scholarships:

<i>NAME</i>	<i>AMT</i>
_____	_____
_____	_____
_____	_____
_____	_____

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided is true and accurate.

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

Financial Aid Office Use Only	
<input type="checkbox"/> <b>Approved:</b>	Changed in system & card _____ Adjust budget &/or aid _____
<input type="checkbox"/> <b>Denied</b>	
<b>Comments:</b>	_____ _____
<b>FAO Initial:</b>	_____ <b>Date:</b> _____