



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 select correct enrollment for quarter you want to change

SUMMER _____ **FALL** _____

WINTER _____ **SPRING** _____

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

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

Outside Scholarship Disbursement Change (does not apply to Centralia College scholarships): please list quarter and amount for your adjustment(s)

Quarter: _____ Amount: _____

Quarter: _____ Amount: _____

Quarter: _____ Amount: _____

Other: _____

I certify that the information provided is true and accurate.

Student Signature Date

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