COWLEY COUNTY COMMUNITY COLLEGE & AVTS STUDENT REQUEST FOR CHANGE OF INFORMATION FORM

NAME:		
LAST FIRST	MIDDLE	For Office Use Only:
STUDENT ID:	DATE:	Submitted By
		Registrar
STUDENT SIGNATURE:		bute
NOTE: To change a student ID number, a copy of their social security card <u>MUST</u> be attached to this form.		
Advisor Change: (Both advisors must sign)		
From:	_ То:	
NOTE: A copy of driver's license, social security card or marriage license <u>MUST</u> be attached to this form.		
Name Change:		
Former Name:	New Name:	
Change Address To: Legal (Residency Address) Mailing Address Both		
Street		
City State	Zip	County
Phone: () Please check: Home	WorkExt #Ce	IIPager
Phone: () Please check: Home Phone: () Please check: Home		
Phone: () Please check: Home		
Phone: () Please check: Home		
Phone: () Please check: Home		

Former Major:_____

New Major: