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

NAME: _____________________________

LAST      FIRST      MIDDLE

STUDENT ID: _______ _______ _______    DATE: _____________

STUDENT SIGNATURE: _____________________________

NOTE: To change a student ID number, a copy of their social security card MUST be attached to this form.

Advisor Change: (Both advisors must sign)

From: _____________________________    To: _____________________________

NOTE: A copy of driver’s license, social security card or marriage license MUST 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___ Work___ Ext #_____ Cell_____ Pager___

Phone: (____) _____ - _____ Please check: Home___ Work___ Ext #_____ Cell_____ Pager___

Change of E-Mail Address:
New E-Mail: _____________________________

Change of Major:
Former Major: _____________________________    New Major: _____________________________

For Office Use Only:
Submitted By: _____________________________
Registrar: _____________________________
Date: _____________________________

Rev. 9-13-11