Aims Community College

INFORMATION CHANGE FORM

PLEASE PRINT CLEARLY

THIS SECTION MUST BE COMPLETED

Student Name: _____ Aims ID: _____ - ____ - _____
Legal Name – Last, First, Middle

Address: _____
Physical address (and P.O. Box if applicable) **City** **State** **Zip** **County**

_____ _____ _____
Telephone Number – Mobile **Telephone Number** – Day **Telephone Number** – Evening

Which of the above telephone numbers is your primary/main number? _____

Student Signature: _____ Date: _____

PLEASE CHECK ALL THAT APPLY

❑ **I am requesting a DEGREE or MAJOR change.**

Change to:
- ❍ Associate of Arts - Liberal Arts major. Emphasis (optional) _____
- ❍ Associate of Science - Liberal Arts major. Emphasis (optional) _____
- ❍ Associate of Applied Science _____ **Major (required)**
- ❍ Certificate _____ **Major (required)**
- ❍ Selective Admission Programs: Please note that if pursuing one of the below, a separate application may be required:
  - ❍ Peace Officer Academy (PRECERTBP00)
  - ❍ Nursing (PREAASNU00)
  - ❍ Paramedic (PREAASEM05)
  - ❍ Fire Science Academy (CERTFS13)
  - ❍ Radiological Tech (PREAASRT00)
  - ❍ Surgical Tech (PREAASST02)
- ❍ Personal Interest / no declared major (NONE)

❑ **I am requesting an ADVISOR change.** If changing academic advisor, *the new advisor's signature required*.

Change to: _____ _____
Student Success Center or Faculty Advisor's Name **Advisor's Signature**

❑ **I am requesting a NAME change.** *Legal documentation required*. This may be a court order, marriage license, or divorce decree.

Change from: _____ To: _____
Legal Name – Last, First, Middle **Legal Name** – Last, First, Middle

❑ **I am requesting a SOCIAL SECURITY NUMBER change**. *A copy of your current Social Security Card is required*.

Change from: _____ - _____ - _____ Change to: _____ - _____ - _____
Social Security Number **Social Security Number**

❑ **I am requesting a RESIDENCY CHANGE** from Out-Of-District to In-District for tuition purposes. I understand this request must be submitted in time to allow for review and approval by Admissions and Records prior to my registering for the term in which I want the new classification to take effect. *Documentation to support the new address is required.* This documentation may be a photocopy of a lease, vehicle registration, voter registration, or driver's license with new address showing on front of license.

Office Use Only

Received by:
(Stamp and Initial)

Entered by:
(Stamp and Initial)

Residency Reviewed by:_____

❑ Disapproved
❑ Approved for _____ term.
Residency changed from _____ to _____

Revised 10/12/2010