



INFORMATION CHANGE FORM

PLEASE PRINT CLEARLY

Student Name: _____
Legal Name – Last, First, Middle

Aims ID: _____ - _____ - _____

Comment / Reason for Change: _____

Student Signature: _____ Date: _____

PLEASE CHECK ALL THAT APPLY

I am requesting a **NAME change**. *Legal documentation is required.* This may be a photocopy of 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 change in **RESIDENCY STATUS** 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. You must also complete the **ADDRESS** change below.

I am requesting an **ADDRESS change**.

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

Telephone Number – Evening Telephone Number – Day Telephone Number – Mobile

E-mail Address

I am requesting a **DEGREE / MAJOR change**.

Change to: Associate of Arts - Liberal Arts. Directed Area of Study (optional) _____
 Associate of Science - Liberal Arts. Directed Area of Study (optional) _____
 Associate of Applied Science - _____

Major / (and Option, if applicable)
 Certificate - _____
Major / (and Option, if applicable)

Selective Admission Programs: Please note that if pursuing one of the below, a separate application may be required:

- Peace Officer Academy (PRECERTBP00)
- Fire Science Academy (CERTFS13)
- Nursing (PREAASNU00)
- Radiological Tech (PREAASRT00)
- Paramedic (PREAASEM05)
- Surgical Tech (PREAASST02)

Undeclared - Unclassified

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

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

Office Use Only

Received by:
(Stamp and Initial)

Entered by:
(Stamp and Initial)

Residency Reviewed by: _____

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