

THIS SECTION MUST BE COMPLETED

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

Phone Number: (____) _____ (____) _____
Mobile Land Line

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

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

I am requesting a **RESIDENCY CHANGE** *effective term:* _____ from In-State to In-District for tuition purposes. I understand this request must be submitted in time to allow for review and approval by Admissions, Registration, and Recruitment before I register for the term in which I want the new residency to take effect. *Proof of new address is required.* This may be a photocopy of a lease, vehicle registration, voter registration, or driver's license with new address showing on front of license.

If you are receiving financial aid and want to change your major, consult with Financial Aid first. Changing your major can affect your award and you may be required to repay any financial aid you have received.

Student Signature: _____ Date: _____

PLEASE CHECK ALL THAT APPLY

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 **DEGREE or MAJOR change** *effective term:* _____

Catalog Year: _____

AA: Associate of Arts, Liberal Arts (designed to transfer to a 4-year school). Area of Study (optional):

<input type="radio"/> Anthropology	<input type="radio"/> Art History	<input type="radio"/> Business	<input type="radio"/> Criminal Justice	<input type="radio"/> Early Childhood Education
<input type="radio"/> Economics	<input type="radio"/> Elementary Education	<input type="radio"/> English	<input type="radio"/> French	<input type="radio"/> Geography
<input type="radio"/> History	<input type="radio"/> Philosophy	<input type="radio"/> Political Science	<input type="radio"/> Psychology	<input type="radio"/> Sociology
<input type="radio"/> Spanish	<input type="radio"/> Studio Art			

AS: Associate of Science, Liberal Arts (designed to transfer to a 4-year school). Area of Study (optional):

<input type="radio"/> Agriculture Business	<input type="radio"/> Agriculture Education	<input type="radio"/> Animal Science	<input type="radio"/> Biology	<input type="radio"/> Chemistry	<input type="radio"/> Geology
<input type="radio"/> Horticulture Business Mgmt.	<input type="radio"/> Mathematics	<input type="radio"/> Physics	<input type="radio"/> Psychology	<input type="radio"/> Soil and Crop Sciences	

AAS: Associate of Applied Science (specific major required): _____

Occupational Certificate (specific major required): _____

Selective Admission Programs: If pursuing a program listed below, a separate application may be required

<input type="radio"/> Nursing (PREAASNU00)	<input type="radio"/> Paramedic (CERTM14)	<input type="radio"/> Peace Officer (PRECERTBP00)
<input type="radio"/> Pre-Aviation (PREAASAT50)	<input type="radio"/> Radiological Technology (PREAASRT00)	<input type="radio"/> Surgical Tech (PREAASST02)

Will not graduate or transfer, but will take classes for personal interest only (NONE)

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

<input type="checkbox"/> Address Change: Check SOAHOLD for active address holds		Office Use Only	
Received by: (Stamp and initial)	Entered by: (Stamp and initial)	Residency reviewed by:	_____
		<input type="checkbox"/> Disapproved	
		<input type="checkbox"/> Approved for _____	term
		Residency changed from: _____	to _____