BUS
VENDOR
ADM
CON. ED

## STUDENT INFORMATION CHANGE FORM

PRINT NAME	
SOCIAL SECURITY NUMBER	
COMPLETE BELOW ONLY ITEMS WHICH YOU	
Name Change Requested	
Previous Name	
Change Name To	
Address Change Requested	
Change Address To	
Change Home Phone Number To	
Change Work Phone Number To	
Change Cell Phone Number To	
Change Campus Code To Chowan	Dare   Elizabeth City
Change of Major Requested	
Old Major New Major	Effective Semester for Change
Old Major Name	New Major Name
E-Mail Address	
SIGNATURE OF STUDENT	Date

 $REV.\ 09/05$   $\,$  Original copy should be routed to Student Development, and a copy should be directed to Financial Aid.