

GRADUATE PROGRAMS
CHANGE OF INFORMATION FORM

Please complete this form and submit with supporting documentation, if required, to The Office of Admissions.

NOTE: It is the responsibility of incoming and current students to notify The Office of Admissions of any information changes.

Student Name: _____ Banner #: _____ Date of Birth: __/__/__

FILL IN ONLY THE INFORMATION THAT IS TO BE CHANGED.

Address Change Request:

Current Address: _____
(Street)

(City) (State) (Zipcode)

New Address: _____
(Street)

Telephone Number (City) (State) (Zipcode)

Semester/Term Change Request

Current Semester/Term: _____ Requested Semester/Term: _____

Status Change Request

Current Status: _____ Requested Status: _____

(I.E; Degree Seeking, Professional Development-Graduate, Professional Development-Undergraduate, Teacher Licensure, Readmit)

For Office Use Only

Processor: _____ Date Received: _____ Date Processed: _____

Cc: The Office of Admissions

Register's Office (Original)