



Change of Information Form

Student ID Number		Cell Phone Number		Today's Date	
Last Name:	First Name	Middle	Suffix		
Birth Date	Major	Advisor			

Please print your address and place a check next to the address where your bill should be mailed. ***Bills cannot be mailed to your campus address. All bolded information must be completed.***

Billing Address		Parents' Address	ADDRESS CHANGES		
<input type="checkbox"/>		<input type="checkbox"/>	Permanent Home Address		
Please Include your city, state & zip code					
			Permanent Phone Number		
			Email Address		
Please include your box number.			Campus Address & Box #		
			City, State Zip		
			Campus Phone Number		
			Campus Email Address		
<input type="checkbox"/>		<input type="checkbox"/>	Local Address		
			City, State Zip		
			Local Phone Number		
<input type="checkbox"/>		<input type="checkbox"/>	Other Address		
			City, State Zip		
			Other Phone Number		

MAJOR AND/OR MINOR CHANGES

Previous Major		New Major		2 nd Major	
Previous Minor		New Minor		2 nd Minor	

Degree: Bachelor of Arts Bachelor of Science

ADVISOR CHANGE

New Advisor (print name)	<u>New Advisor's Signature Required:</u>
<small>Signature accepts this student as Datatel/Oasis Academic Advisee</small>	

Other Personal Information Changes

Social Security Number: Please attach official documentation.
 From: _____ To: _____
 Name Change: Please attach official documentation
 From: _____ To: _____
 Reason for Name Change: Married Divorced Other (explain) _____

Student's Signature:

Required for International Students

Designated School Official:

_____ **Date** _____

_____ **Date** _____