

STUDENT INFORMATION



UPDATE REQUEST

Date Requested: _____ Home Campus: _____
Name: _____
ID #: _____ SS# (Optional): _____

COMPLETE ONLY THOSE ITEMS BELOW WHICH NEED TO BE CHANGED:

NAME: _____
(As you want it to appear on admissions records)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (Copies of the correct SS card and a photo ID must be attached.)

MAILING ADDRESS: _____
(P.O. Box, Route, 911 Address, etc.)

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ - _____ ALTERNATE TELEPHONE: (_____) _____ - _____

PROGRAM PLAN:

Current: _____ Option/Emphasis/Sub-Plan: _____

Change To: _____ Option/Emphasis/Sub-Plan: _____

HOME COLLEGE/CAMPUS:

Current: _____ Change To: _____

ADVISOR: Current: _____ Change To: _____

ONLY CHANGE ADVISORS AS PART OF PROGRAM CHANGE WHEN THE NEW PROGRAM IS NOT PART
OF THE CURRENT ADVISOR'S ASSIGNMENT

I understand that changes to name and address will become official immediately. Changes to program or home campus do not become effective until the next semester unless special permission is granted to back date the change. Changes to program or option may extend the time it takes me to complete a program and these changes may impact my financial aid packaging and eligibility. The Financial Aid office should be made aware of any changes.

Please Indicate if you are an employee of KCTCS Staff _____ Faculty _____ Student Worker _____

Student Signature: _____ Date: _____

OFFICE USE ONLY

Date received A & R: _____ Received by: _____

Student Affairs/Date

Financial Aid/Date

Approval to back date change: Name: _____

Social Security Number: _____

Program Plan: _____

Home/College Campus: _____

Notes: _____

Date completed A&R: _____ Completed By: _____