

Official Data Change Form

Student ID _____ Date of Birth _____

Student Name _____ Date _____

Student Signature _____

Do you qualify as one or more of the following? (Check all that apply.)

- Student Worker (KCTCS Employees or lab monitors, tutors, clerical support, and work study)
- Currently Enrolled
- Incoming Applicant (Please include Starting Semester _____)

Information to Be Changed:

	To Be Changed From	To Be Changed To
Name:		
Street:		
City, State & Zip:		
Phone #:		
Plan or Major:		
Advisor:		
Term:		
Campus:		

Academic Success Advisor: _____
 (If Applicable)

For official use only:

Admissions	Date
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