

**Please use ink when filling out this form**

**Official Data Change Form**

Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_

**Please indicate term before submitting**

**Information to Be Changed**

	From	Changed To
Name:		
Street:		
City, State, Zip:		
Phone #:		
Major:		
Advisor:		
<b>Term:</b>		
Campus:		

For official use only:

_____	_____
Admissions	Date