

Change of Student Data Request

Admissions and Records 2300 E. Gibson Road, Woodland, CA 95776 (530) 661-5700

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Stude	ent ID:	-		Date:	//
Nam	e:				
		First		Middle	_
PLEASE CHANGE THE FOLLOWING TO:					
	New Name:				_(Please attach documentation)
	Last	First		Middle	
	New Social Security Number:		(Please	attach copy of SSN card)	
	Correct Birth Date:/ (Please attach documentation)				
New Mailing Address:					-
					-
	City		State	Zip	
	New Phone Number: ()				
New Major: (Please see College Catalog for Major options)					
New Educational Goal: (Please see options below)					
Educational Goal Options:					
	A—Transfer to four-year college with an associate's degree G— Learn job skills (new career)				
-	B—Transfer to a four-year college without an associa	H—Update current job s	skills		
-	C— Earn a general education associate's degree, A.A.	I—Maintain certificate o	or license		
-	D—Earn a vocational associate's degree, A.S.	J—Educational developr	nent		
	E—Earn a vocational certificate	K—Improve basic skills i	n reading,	math, etc	
	F—Explore career interests, plans and goals		L—Complete high schoo	l credits	

Student Signature:_____

FOR OFFICE USE ONLY:

Ed Goal Updated on MATI:

Major Changed on SPRO:

Received by: _____

Date Received:

Date Processed:_____

Revised 10/12