CHANGE IN STUDENT STATUS

CAMPUS: ☐ EGF ☐ TRF ☐ Distance

I am changing (please check all that apply)

☐ Address
☐ Email
☐ Program
☐ Phone Number
☐ Start Term or Campus

Star ID/Student ID:	
Student Name:	

Program/Major(s):	First Program/Major:
	Secondary Program/Major:
	Additional Program/Major(s):

Add Program ☐   Change Program ☐   Change Catalog Year ☐ YR_____

**If adding or changing to a certificate or diploma program, Gainful Employment needs to be completed and attached to this form.

Effective Start Date: Year: _____☐ Fall Semester ☐ Spring Semester ☐ Summer Semester

Permanent Phone Number:		
Local/Cell Phone Number:		
Permanent Mailing Address:	If this information hasn't changed, please leave blank.	
Local Mailing Address:		
Personal Email Address:		

Signature:	Date:	Advisor Initials: