

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

Student ID:			Date:	/	./		
Name:							
Last	First		Middle	•			
PLEASE CHANGE THE FOLLOWING TO:							_
New Name:				(Please att	ach docu	umentation)	
Last	First		Middle				
New Social Security Number:			(Please a	ittach cop	y of SSN (card)	
Correct Birth Date:/(Please attach docum							
New Mailing Address:							
C'h		Chata					
City		State	Zip				
New Phone Number: ()							
New Major: (Please see College Catalog for Major options)							
New Educational Goal:	(F	Please see options belo	ow)				
Educational Goal Options:							
A—Transfer to four-year college with an ass	G— Learn job skills (nev	v career)					
B—Transfer to a four-year college without an associate's degree		H—Update current job	skills				
C— Earn a general education associate's degree, A.A.		I—Maintain certificate or license					
D—Earn a vocational associate's degree, A.S.		J—Educational development					
E—Earn a vocational certificate		K—Improve basic skills in reading, math, etc					
F—Explore career interests, plans and goals		L—Complete high school credits					
Student Signature:							
FOR OFFICE USE ONLY:	Ed Goal Updated on MATI:		Major Cha	anged on :	SPRO:		
Received by:	Date Received:		Date Proc	essed:			
						Revised 10/12	