



CHANGE OF INFORMATION FORM

**FOR: ADDRESS, PROGRAM OF STUDY,
SELECTIVE SERVICE NUMBER, EMERGENCY CONTACT INFORMATION**

PLEASE RETURN FORM TO:

**RECORDS AND REGISTRATION DEPARTMENT
550 EAST SPRING STREET MADISON HALL, ROOM 201
COLUMBUS, OH 43215
FORM MAY BE FAXED TO: 614-287-5446**

**IF THIS FORM IS PRESENTED IN-PERSON AT THE REGISTRATION WINDOWS, THE CHANGES WILL BE PROCESSED IMMEDIATELY
IF THIS FORM IS MAILED, PLEASE ALLOW UP TO SEVEN (7) BUSINESS DAYS FROM RECEIPT FOR PROCESSING**

COMPLETION OF ALL FIELDS APPROPRIATE TO THE CHANGE REQUESTED IS REQUIRED.

REQUIRED INFORMATION FOR ALL CHANGES - PLEASE PRINT

NAME: _____
FIRST MI LAST

CougarID NUMBER: _____

STUDENT SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

ADDRESS CHANGE (PLEASE PRINT)

Current/Permanent Address: Street: _____ Apt. Number: _____
 City: _____ State: _____ Zip Code: _____

Home Telephone Number: (____) _____ Work Telephone Number: (____) _____

Previous Address: Street: _____ Apt. Number: _____
 City: _____ State: _____ Zip Code: _____

PROGRAM OF STUDY CHANGE (PLEASE PRINT)

Previous Program of Study: _____
NAME OF PROGRAM

New Program of Study: _____
NAME OF PROGRAM

I plan to earn an Associate Degree -OR- I plan to earn a certificate

I plan to transfer to another college or school: _____ MAJOR _____
NAME OF SCHOOL

SELECTIVE SERVICE NUMBER: _____

EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

Name of Emergency Contact: _____ **Relationship:** _____

Daytime Telephone Number: (____) _____ **Evening Telephone Number:** (____) _____

FOR OFFICE USE ONLY

Date received: ____/____/____ **Date processed:** ____/____/____

Processed by (Please print): _____

Signature: _____