



Change of Status & Personal Data Form

Date:			
Student Name:	First:	Middle:	Last:
Student ID#:		Effective Date of Change:	

I. College Status Change

<input type="checkbox"/> From Resident to Commuter (please provide new address in Part II)	<input type="checkbox"/> From Full-time to Part-time (please return laptop to IT before submitting this form).
<input type="checkbox"/> From Commuter to Resident	<input type="checkbox"/> From Part-time to Full-time (This change must be done through admissions)

If changing status to Commuter, will you be living: with parents off campus

Reason for change _____

II. Change of Personal Data home billing (Billing MUST be checked in order for bills to be sent to new address.)

Address: From:	Address: To:
Phone: From:	Phone: To:
Responsible Party: From:	Responsible Party: To:
E-mail address:	
Student Signature:	Date: