



Name: _____ Date of Birth: _____

BSC ID # or SSN: _____

Street Address: _____

City: _____ State: _____

Home Phone: _____ Work or Cell Phone: _____

Major: _____ Degree: _____

Effective term of Change: _____ Date Request: _____

List all Colleges attended:

_____	_____
_____	_____
_____	_____

The Following Documents are also required;

Official High Transcript or Official GED Transcript
Official Transcripts from each College Attended
Immunization Form

Student Signature

Date

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