

BRIARWOOD COLLEGE

DATA ENTERED _____

STUDENT CHANGE FORM

EFFECTIVE DATE _____

NUMBER _____

FORM DATE _____

STUDENT ID/SSN: _____ - _____ - _____

Program Change	G	School Dismissal	G	Residency Change	G
Status Change	G	School Leave	G	Name Change	G
Reactivation	G			Address Change	G
Graduation Date	G			Phone Change	G
Other	G	_____			

CURRENT

Name: _____

Address: _____

Phone: (____) _____

Resident: _____ Commuter: _____

Anticipated Graduation Date ____________

Full Time: _____ Part Time: _____

Program: _____

Matriculation Date: ____________

NEW

Name: _____

Address: _____

Phone: (____) _____

Resident: _____ Commuter: _____

Anticipated Graduation Date: ____________

Full Time: _____ Part-Time: _____

Program: _____

Matriculation Date: ____________

Reason for Change

Student=s Signature

Date

Advisor=s Signature

Date

Authorized Signature

Date