

CHANGE OF INFORMATION, PROGRAM, SPECIALTY, AND/OR DEGREE FORM IVY TECH COMMUNITY COLLEGE OF INDIANA

Effective Term: _____ Campus: _____	
Last Name	First Name
MI	Student ID

CHANGE OF INFORMATION	
CHANGE FROM:	CHANGE TO:
Former Name:	New or Correct Name:
	Source: _____
Incorrect Date of Birth	Correct Date of Birth
Former Address	New Address
Street: _____	Street: _____
City: _____ State: _____ Zip: _____ County: _____	City: _____ State: _____ Zip: _____ County: _____
Former Home Telephone Number:	New Home Telephone Number:
()	()
Former Work Telephone Number:	New Work Telephone Number:
()	()
Former Contact for Emergency Care:	New Contact for Emergency Care:
Former Contact:	New Contact:
Phone:	Phone:

CHANGE OF PROGRAM, SPECIALTY, AND/OR DEGREE OR OBJECTIVE	
Do you receive V.A. Benefits? Yes No	
CHANGE FROM:	CHANGE TO:
Former Program:	New Program:
	Reason for Change: _____
Former Concentration:	New Concentration:
	Reason for Change: _____
Former Degree:	New Degree:
	Reason for Change: _____
Former Campus:	New Campus:

Student Signature

Date

Advisor Signature (For Change of Program, Concentration, and/or Degree)

Date

Input by:

Date