CHANGE OF STUDENT INFORMATION

PLEASE PRINT:

Legal Name _________________________________________________________________

HCC Student ID Number ____________________________________________________

I certify that I can provide documentation to verify all information on this change of
student information form.

Date: ______________ Signature: ____________________________________________

PLEASE CHECK:

_____Name Change

_____Social Security # Change

_____Telephone # Change

_____Address Change

_____Curriculum Change

NOTE: Curriculum changes will be effective for the following semester
unless indicated below.

_____Academic Advisor Change

Previous or Incorrect Name__________________________________________________

Change Curriculum Code to__________________________________________________

Is this change for the current semester? Yes ________ No ________

If yes, indicate beginning date of current semester______________________________

Change Academic Advisor to__________________________________________________

Change Telephone # to_______________________________________________________

Change Social Security Number to____________________________________________

Change Address to___________________________________________________________

P.O. Box or Street Apt.#

City County State Zip

Office Use Only:

Entry date____________ Entered by___________________________________________

Curriculum entry date_________ BD_________ Entered by______________

Revised: 02/05/09