



Personal Data and Academic Program Change Form

Please print:

Student Number: _____ **or Last four digits of SSN:** _____

Student Name: _____
Last First Middle

Instructions: All personal data changes and academic program changes must be recorded below.

- Students with name changes must provide:
 - Social security card, driver's license and/or court papers reflecting their new name.
- All residency changes will be verified by mail and proof of residency is required at the time of change. Please refer to [Important Dates](#) for the deadline for residency changes that impact tuition rates.
 - A copy of a driver's license or Michigan ID card is required with this form for changes to be processed.

International Students: If you are in the U.S. with any type of visa status, it is pertinent that you change your address with USCIS within 10 days. If you are an F-1 student, please notify the International Coordinator. Failure to do so could result in deportation.

Please note: If you wish to enter a limited or restricted program, you must complete an application for that program. For more information on these programs visit www.schoolcraft.edu/programs/limited.asp

Personal Data Change

Please update all changes. All changes will become effective with the date on this form.

Name:

Last First Middle

New Address:

Number Street APT City State Zip

Phone: _____ Email: _____
Area code and telephone number

Emergency Contact – Name: _____ **Phone No.** _____

Academic Program Change – For Credit Students Only

To view the program code list, visit: www.schoolcraft.edu/programs/programs.asp?p=fs

- Skills Certificate Certificate Associate/Transfer Degree

Current Program Name

Current Program Code

New Program Name

New Program Code

Non-degree seeking (Program Code: 00900) is not eligible for financial aid.

Student Signature: _____ **Date:** _____

Schoolcraft College Admissions and Enrollment Center – McDowell Center 18600 Haggerty Road, Livonia, MI 48152 Phone: 734-462-4426 Fax: 734-462-4553	Office Use Only Proof of Residency: _____ Resident _____ Non-Resident _____ Verified by: _____ Date: _____
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