



CHATTAHOOCHEE VALLEY

COMMUNITY COLLEGE

CHANGE OF INFORMATION FORM

Name: _____ SSN: _____	
Program/Degree Change Complete <u>ONLY</u> the sections where there is a change occurring	
Old Program _____	New Program _____
Old Degree _____	New Degree _____
I understand that I must follow the catalog in effect at the time of my Change of Program. The Current Catalog Year is: _____	
Change of Address/Residency	
Old Address: _____	
City: _____	State: _____ Zip: _____
County: _____	Telephone #: _____
New Address: _____	
City: _____	State: _____ Zip: _____
County: _____	Telephone #: _____
If there is an in-state/out-of-state residency change, documentation must be provided in order to change from out-of-state tuition to in-state tuition.	
Social Security Number/Name Change	
Old Number: _____	Correct Number: _____
Previous Name: _____	Current Name: _____
Student's Signature: _____	Date: _____
Advisor's Signature: _____	Date: _____
Advisor's signature required for major/degree changes <u>ONLY</u> !	
OFFICE USE ONLY	
Processed by: _____	Date Processed: _____