



## Student Change Form

### STUDENT INFORMATION

Student name as registered: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Name change: \_\_\_\_\_

Correct Student ID #: \_\_\_\_\_

Address change: \_\_\_\_\_

Mailing Address

City

State

Zip

Phone Number change: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Enrolled Course Name: \_\_\_\_\_

Check here if currently receiving a Bates payroll check for Work Study, Externship or other.

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### MISCELLANEOUS

\_\_\_\_\_  
\_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**SUBMIT THIS FORM TO THE OFFICE OF THE REGISTRAR**