



# Rowan-Cabarrus Community College

## STUDENT SERVICES STUDENT INFORMATION CHANGE FORM Program change/Program addition, Name and/or Address Change (Please PRINT all information legibly)

Student Full Name While Enrolled \_\_\_\_\_

Student Current Name (if different from above) \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Business \_\_\_\_\_

Residency: County \_\_\_\_\_ State \_\_\_\_\_

**If changing programs (Major), (complete the following):**

From: (old program) \_\_\_\_\_

To: (new program) \_\_\_\_\_  Certificate  Diploma  Degree

Campus Location:  North Campus  South Campus  Cloverleaf  
 CBTC (Cabarrus Business & Technology Center)

Classes:  Day  Evening

**If adding to your current program, (complete the following):**

Additional Program: \_\_\_\_\_  Certificate  Diploma  Degree

Campus Location:  North Campus  South Campus  Cloverleaf  
 CBTC (Cabarrus Business & Technology Center)

Classes:  Day  Evening

Other Colleges attended: \_\_\_\_\_

**Adding or changing programs may jeopardize financial aid eligibility.  
Please consult your Financial Aid Office or your VA Representative.**

Signature: _____	Date: _____
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