

CHANGE IN STUDENT STATUS

CAMPUS: EGF TRF Distance

I am changing (please check all that apply)

- Address
- Email
- Program
- Phone Number
- Start Term or Campus

Star ID/Student ID:		
Student Name:		
Name Used Formerly (if applicable):		
Current Program:		
New Program:	Primary Program:	
	Secondary Program:	
	Additional Program:	
Add Program <input type="checkbox"/> Change Program <input type="checkbox"/> Change Catalog Year <input type="checkbox"/> YR_____		
Effective Start Date: Year: _____ <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester <input type="checkbox"/> Summer Semester		
Permanent Phone Number:	If this information hasn't changed, please leave blank	
Local/Cell Phone Number:		
Permanent Mailing Address:		
Local Mailing Address:		
Your NCTC email address is most likely: FirstName.LastName@student.northlandcollege.edu Please check this often as it is the official means of communication for important deadlines & information.		
Signature:	Date:	Advisor Initials: