

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:			
Program/Major(s):	First Program/Major:		
	Secondary Program/Major:		
	Additional Program/Major(s):		
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:			
Personal Email Address:			
Signature:		Date:	Advisor Initials: