

Piedmont Community College

Change of Student Information

Student Information **(To assure accurate identification of your record, please print clearly)**

Social Security Number/Student Id Number _____

Name _____
(Last) (First) (Middle)

Address _____
Number, Street, Apt # City County

_____ State Zip Code Home Phone Work Phone

Change of Name _____
(Last) (First) (Middle)

Change /Addition of Program:

Current Program of Study _____

Second Major Requested _____

New Program of Study _____

Change Effective _____
Term Year

_____ Student Signature Date

College Use _____
Date Record Changed Initials