Schoolcraft College Personal Data & Academic Program Change Form Please print out and return to the Registration Center

Student Number:	_ or Last four of SSN:		
Current			
Last Name:	First:	Middle:	
Student Signature:		Date:	
Instructions:			
	•	pelow. license and/or court papers reflecting the	
Important Dates for the deadline for	or residency changes that impact tuit	required at the time of change. Refer to ion rates. In this form for changes to be processed.	
	U.S. with any type of visa status, you MUST clational Coordinator. Failure to do so could re	hange your address with USCIS within 10 days. If you sult in deportation.	
<u>Please note</u> : If you wish to enter a limited or r on these programs visit http://www.schoolcraft.		application for that program. For more informatio	
	Personal Data Change		
Please update all o	changes. All changes will become effective wi	th the date on this form.	
New Last Name:	First:	Middle:	
Former Na	ame:		
New Address:	City:	State: Zip:	
Cell Phone:	Home Phone:		
Primary			
Emergency Contact:	Phone:	Relationship:	
To view the measurement	Academic Program Chang		
Skills Certificate	a code list, visit: <u>www.schoolcraft.edu/pro</u> Certificate	Associate/Transfer Degree	
	Current Program		
Program Name:	_	ram Code:	
	New Program	ram Code:(Office use only)	
Program Name:	Progr	ram Code:	
	seeking (Program Code: 00900) is NOT eligib	ram Code: (Office use only) le for financial aid.	
Schoolcraft College	Office Use Only	'	
Registration Center – McDowell	Proof of Residen	Proof of Residency:	
18600 Haggerty Road, Livonia MI 48152	Resident	Resident	
Phone: 734-462-4426	Non-Resident	Non-Resident	
Fax: 734-462-4553	Verified by:	Date:	