

A & R CHANGE OF STATUS FORM

Instructions: Bring this form, along with student ID or current photo identification to the Admissions and Records office or email to evcar@evc.edu

DATE SUBMITTED: _____

Check all the boxes that apply:

- Name Change
- Phone Number
- Address
- Email
- Major / Academic Program

CURRENT INFORMATION

Student ID:	Date of Birth:		
Last Name:	First Name:	Middle Initial:	

INFORMATION TO CHANGE

Fill in only the information you wish to change

Student ID:			
Last Name:	First Name:	Middle Initial:	
Phone Number:		Address:	
Email:		Major: / Academic Program	

FOR OFFICE USE ONLY:

2.24.23 SSC