

# CHANGE OF STATUS FOR CURRENT AND FORMER STUDENTS

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_____	CPE -R_____E_____M_____	
_____		By_____
_____	COMPASS -R_____E_____A_____PA_____	Date_____
(On hold)_____	Credit for Eng 1101_____Math 1111_____FI_____	

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**\*PLEASE CIRCLE:** NAME CHANGE ADDRESS CHANGE MAJOR CHANGE STUDENT UPDATE

Name\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

last first middle Social Security Number

Maiden/Previous  
Name(s)\_\_\_\_\_

Mailing  
Address\_\_\_\_\_

County\_\_\_\_\_ city state zip  
Home Phone(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work Phone(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Male\_\_\_\_\_Female\_\_\_\_\_ Birthdate\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ (Optional)\*Race\_\_\_\_\_

Are you currently a resident of Georgia?\_\_\_\_Yes\_\_\_\_No Are you a citizen of the United States?\_\_\_\_Yes\_\_\_\_No

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**\*If you are ONLY changing your name and/or address , STOP HERE, but DO SIGN and date below\***

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If you are **CHANGING YOUR MAJOR**, please print the **NEW** major below, as it is listed on the back of this form.

\_\_\_\_Bachelor of Science (Baccalaureate Program)  
\_\_\_\_Bachelor of Applied Science (Baccalaureate Program)  
\_\_\_\_Associate of Arts (Transfer Degree Program) \_\_\_\_\_  
\_\_\_\_Associate of Science (Transfer Degree Program) **MAJOR (see list on the back of this form)**  
\_\_\_\_Associate of Science in Nursing (Two year Registered Nurse)  
\_\_\_\_Associate of Applied Science (Two year Career Program)  
\_\_\_\_Certificate (One year Program)  
\_\_\_\_Mini-Certificate  
\_\_\_\_Transient

Last Attended Dalton State College: \_\_\_\_\_Term \_\_\_\_\_Year

Please **circle** the term you plan to **re-enroll**: Fall Spring Summer 20\_\_\_\_\_

**\*Please be aware that this change of major may effect your financial aid status. Check with the Financial Aid office if you have questions.**

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List **ALL** technical schools, colleges and universities previously attended and years of attendance:

<i>Institution</i>	<i>From/To Year</i>	<i>Institution</i>	<i>From/To Year</i>
_____	____/____	_____	____/____
_____	____/____	_____	____/____

**If you need to list additional information, please use the back of this form.**

Failure to list a college attended will disqualify the student for re-enrollment. The student is responsible for having all transcript(s)

forwarded **directly** to the Dalton State College Admissions Office. **The transcript(s) must be received prior to re-enrollment.**

RETURN FORM TO:

**DALTON STATE COLLEGE-ADMISSIONS OFFICE**

**SIGNATURE:**\_\_\_\_\_

213 NORTH COLLEGE DRIVE  
DALTON, GEORGIA 30721

DATE:\_\_\_\_\_

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*Dalton State College is an Affirmative Action Program Institution and is a Four-Year Unit of the University System of Georgia (R-1-28-02)*