



San Jose City College  
Admissions & Records

**Change of Status Form**

Student ID # \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Date of Birth

**Change Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_

E-mail Phone Signature

**Change Name:** Not changing name for fraudulent or misrepresentative reasons.

Former Name \_\_\_\_\_  
Last First Middle

Current Name \_\_\_\_\_  
Last First Middle

**Change Social Security Number:**

Student *MUST* present a copy of original Social Security Card

Incorrect Number : \_\_\_\_\_

Correct Number: \_\_\_\_\_

**Duplicate Student ID**

Incorrect # : \_\_\_\_\_

Correct # : \_\_\_\_\_

**Change Major:** \_\_\_\_\_