



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: _____