

Present this form: Forms can be sent via your NSCC email or U. S. Mail or FAX to:

Registrar's Office
22600 State Route 34
Archbold, OH 43502-9542

FAX: 419-267-5604
PHONE: 419-267-1395
EMAIL: registrar@northweststate.edu

REQUIRED INFORMATION: *Please print clearly.*

Select One: ☐ Change of Information ☐ Re-Enrollment to enter Term

Name: _____ Student ID: _____
(If NSCC ID is unknown then print the last 4-digits of SS#)

Signature: _____ Date: _____

ONLY COMPLETE SECTIONS THAT RELATE TO YOUR CHANGE

*Please note that **Re-Enrollment** requires completion of **ALL** sections.*

NAME CHANGE: *Name changes require legally supported documentation. Please submit a photo copy of your marriage license or other court documents showing one name to the other. NOT a social security card or driver's license.*

Prior Name: _____ New Name: _____

ADDRESS:

Street: _____

City: _____ State: _____ ZIP CODE: _____

PHONE NUMBER:

Home: _____ Cell: _____

PERSONAL EMAIL ADDRESS:

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone Number: _____

MAJOR: Select One

CHANGE

☐

ADD

☐

If adding or supplying more than one focus, please note the priority as this can affect Financial Aid. Please see Financial Aid if you have questions.

Two Year Associates: _____

One Year Certificate: _____

Short Term Certificate: _____

NOTE: The most current catalog year will be used unless another catalog year is specified for which you must be eligible. If other catalog year, please note here: