

**CHANGE OF INFORMATION/
RE-ENROLLMENT FORM**

CHANGE OF INFORMATION RE-ENROLLMENT

PRESENT THIS FORM:	IN PERSON:	REGISTRAR'S OFFICE, C BUILDING, ROOM 120
	MAIL:	NORTHWEST STATE COMMUNITY COLLEGE REGISTRAR'S OFFICE 22600 STATE ROUTE 34 ARCHBOLD, OH 43502
	FAX:	(419)267-5604

PLEASE ALLOW 5-7 BUSINESS DAYS FROM RECEIPT FOR PROCESSING

REQUIRED INFORMATION (Please Print Clearly)	
Name: _____	Student ID N00 _____ (If NSCC ID is unknown then print last 4-digits of SS#)
Signature: _____	Date: _____

ONLY COMPLETE SECTIONS THAT RELATE TO YOUR CHANGE

Re-Enrollment requires completion of all sections

NAME CHANGE	
<i>Name changes require legally supported documentation, please submit a photo copy of your marriage license or other court documents with this request.</i>	
Prior Name: _____	New Name: _____

ADDRESS		
Street: _____		
City: _____	State: _____	Zip Code: _____

PHONE NUMBER	
Home: _____	Cell: _____

MAJOR -	
Two Year Degree:	_____
One-Year Certificate:	_____
Short-Term Certificate:	_____
Most current catalog year will be used unless you specify another catalog year: _____	

EMERGENCY CONTACT		
Name: _____	Relationship: _____	Phone Number: _____

FOR OFFICE USE ONLY		
Date Received: _____ / _____ / _____	Date Processed: _____ / _____ / _____	Processed By: _____