

**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

Name changes require legally supported documentation, please submit a photo copy of your marriage license or other court documents with this request.

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 another catalog year is specified, in which you must be eligible for: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone Number: _____

FOR OFFICE USE ONLY

Date Received: ____ / ____ / ____ Date Processed: ____ / ____ / ____ Processed By: _____