



COLLEGE of
CENTRAL
FLORIDA
-an equal opportunity college-

STUDENT INFORMATION UPDATE

(If you have been out of school more than one year,
you must submit a new Application for Admission.)

CF ID No.: _____

Legal Name: _____
Last First Middle (complete) Jr., etc.

Birth Date: _____ Last Semester/Year Attended: _____
MM/DD/YY Semester Year

Are you a **CURRENT CF employee**? ☐ Yes ☐ No Check NO if you are a Federal Work Study employee.

If YES, contact CF Office of Human Resources to initiate changes to your name, address and Social Security number. Program of study changes will still be made through the Office of Admissions and Records.

Check the box and complete only those sections that require updating.

☐ **CHANGE OF ADDRESS AND TELEPHONE NUMBER**

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone No.: _____ Email: _____

☐ **CHANGE FIRST SEMESTER OF ENROLLMENT:** From: _____ To: _____

☐ **NAME CHANGE or DATE OF BIRTH CORRECTION** (verification must be attached)

Former Name: _____
Last First Middle (complete) Jr., etc.

New Name: _____
Last First Middle (complete) Jr., etc.

Birth Date: _____ Corrected Birth Date: _____
MM/DD/YY MM/DD/YY

☐ **CHANGE OF PROGRAM OF STUDY/AREA OF INTEREST:**

Please write four-digit CF Academic Codes below. A program code list sheet is available at CF.edu/ProgramCodes.

Students who want to change their program of study for the upcoming semester must do so prior to the end of the Add period of that semester and indicate which semester the change is to be effective. Requests submitted following that date will be processed for the next semester.

Current CF Academic Program Code: _____ New CF Code: _____ Semester Effective: _____
Concentration Code: _____ Concentration Code: _____

Initial the appropriate response:

_____ I have met with Financial Aid and understand the implications of my change of program (FA signature required).

_____ I do not receive financial aid.

Financial Aid Signature

Date: MM/DD/YY

Student Signature (OR type in your name if submitting via email)

Date: MM/DD/YY

Official use only.

- ☐ Appropriate documentation for request attached. ☐ Program of study is a valid (not limited access or incorrect) number.
☐ Student already has an A.A. (or higher) degree. ☐ Change from transient (9270) status requires completed **Change of Status** form.
☐ Changing from a non-high school diploma program requires a high school diploma to be provided.

Staff Initials: _____ Date (MM/DD/YY): _____

Office of Admissions and Enrollment Services use only.

Processed by: _____ Date (MM/DD/YY): _____

Email completed form to admissions@cf.edu (or send in the mail to 3001 S.W. College Road, Ocala, FL 34474-4415).