



## 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](http://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: \_\_\_\_\_

**CHANGE OF ADMISSIONS TYPE:**

Bachelor, Dual Enrollment (DE), First Time in College (FTIC), Non-Degree, Transfer, Transient (TRNT).

Current CF Admissions Type: \_\_\_\_\_ New CF Admissions Type: \_\_\_\_\_

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.

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

Date: MM/DD/YY

**Official use only.**

Financial Aid Signature (if required): \_\_\_\_\_

- 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](mailto:admissions@cf.edu) (or send in the mail to 3001 S.W. College Road, Ocala, FL 34474-4415).**