LaGUARDIA COMMUNITY COLLEGE

CHANGE OF STATUS FORM (NEW STUDENTS ONLY)

SOCIAL SECURITY #: _____–_____–_____ EMPL ID: _____ SEMESTER: _____

NAME: _____, _____, _____
        (Last)   **(First)**   **(M.I.)**

NEW ADDRESS: _____APT#:_____
        (Number & Street)

CITY: _____, STATE: _____ ZIP CODE_____

NEW PHONE #:_____/_____DATE OF BIRTH: _____/_____ /_____
                                              Month   Day   Year

NEW EMAIL ADDRESS: _____

SOCIAL SECURITY #: OLD: _____–_____–_____

                    NEW: _____ –_____ –_____
                     (Please attach copy of Social Security Card)

NAME CHANGE: OLD: _____, _____, _____
                   (Last)   **(First)**   **(M.I.)**

                NEW: _____, _____, _____
                   (Last)   **(First)**   **(M.I.)**

OLD CURRICULUM: _____ OLD SUB PLAN: _____
                                                       (If applicable)

NEW CURRICULUM: _____ NEW SUB PLAN: _____
(Please refer to the Curriculum/Major Sheet to choose your new major/plan and/or sub/plan, if applicable)

Note: If you are a transfer student, the change of major may affect your transfer credits. Please contact a Transfer Credit Evaluator at creditevaluation@lagcc.cuny.edu *for re-evaluation.*

STUDENT'S SIGNATURE: _____ DATE: _____

COUNSELOR'S SIGNATURE: _____

Rev. 5/18/20