LAS POSITAS COLLEGE

Office of Admissions & Records
3000 Campus Hill Drive, Bldg. 1600
Livermore, California 94551
Tel : (925) 424.1500
Fax : (925) 606.6437

STUDENT DATA CHANGE FORM

STUDENT ID# _____ Date:_____

FULL NAME : _____
Last Name First Name Middle Name

PLEASE PRINT

IMPORTANT: To make a change to personal information on your student record , please complete and sign this form. This form must be submitted to the Office of Admissions and Records in person with photo identification.

CONTACT INFORMATION CHANGE

PREVIOUS ADDRESS: ☐ Permanent Address ☐ Mailing Address

_____
Number and Street Apartment #

_____
City State Zip Code

CURRENT ADDRESS: ☐ Permanent Address ☐ Mailing Address

_____
Number and Street Apartment #

_____
City State Zip Code

Email Address:

Home: ( )

Cell ( )

NAME CHANGE

FROM (PREVIOUS)

_____
Last Name First Name Middle Name

TO (CURRENT)

_____
Last Name First Name Middle Name

CHANGE OF HOME CAMPUS

☐ Home campus change to Las Positas College

(By selecting LPC as your home campus, students are also required to select a Las Positas major by filling out the **Change of Major Request section.**)

CHANGE OF MAJOR REQUEST

Degree: ☐AA ☐AS ☐AA-T ☐AS-T ☐CA ☐CC ☐ T

☐ Change Major Code to:_____
(See Major Code Sheet back of the form)

☐ Effective Term (Start): _____

Summer _____ (Year) ☐ Fall _____ (Year) ☐ Spring _____ (Year)

AA Associate of Arts Degree
AS Associate of Science Degree
AA-T Associate of Arts Transfer Degree
AS -T Associate of Science Transfer Degree
CA Certificate of Achievement
CC Career Certificate (These certificates are not transcripted)
T Transfer Studies

Please review the Catalog for more information about the degrees listed above. We strongly encourageyou to meet with a counselor to discuss your change of degree.

Catalog Rights:

- Catalog rights means that you are held to the graduation requriements listed in the catalog at the time your continuous enrollment began or in any subsequent academic year during which you maintained continuous enrollment.
- To maintain continuous enrollment, you must have enrolled in at least one term (Fall or Spring) each academic year. Any academic record symbol (A-F, P, NP, I, IP, RD, W) shall constitute enrollment.

For Offical Use Only:

Catalog Year:_____

OTHER CHANGES

☐ Correct TIN/SSN to: _____/_____/_____
(Proof of SSN card required.)

☐ Correct Birthdate to: _____/_____/_____
(Proof required. E.g., Goverment issued ID, birth certificate, etc)

Student's Signature ⌦ Date:

A&R Staff: _____ Date:_____

Posted on Banner:_____ Date:_____

Notes

Date Sent to Financial Aid_____

Date Sent to ISP _____

Date Sent to Veterans Program_____

Other Department _____ Date_____

Revised JBM 3/8/2018