WESTERN PIEDMONT COMMUNITY COLLEGE

Office of Admissions and Records, 1001 Burkemont Ave., Morganton, NC 28655
Attn: Chip Craig, ccraig@wpcc.edu

NAME/PROGRAM CHANGE FORM

STUDENT NAME: _____

(Please print clearly as it now appears on your Records)

STUDENT ID #: _____ **DATE:** _____

BIRTHDATE: _____ **CONTACT PHONE #:** _____

Electronic STUDENT SIGNATURE:_____

Program Changes and/or Name Changes will be processed at the end of the current term and will be effective prior to the following.

_____ ****PROGRAM CHANGE: Change Program to:** _____

(Must complete a new application if not enrolled for two consecutive semesters, does not include Summer semester)

(Changing your program of study can affect Financial Aid eligibility. If you receive Financial Aid, discuss your intended program change with the Financial Aid Office BEFORE you submit this form.)**

_____ **Please initial this section if you are graduating from WPCC at the end of this semester.**

_____ **Please initial this section if you want to remain on the Allied Health List you are currently listed on.**

_____ **RE-ACTIVATION:** Must complete a new application if not enrolled in the past Academic Year

(Nursing program only) Re-entrance date: _____

_____ **NAME CHANGE:** Please submit legal documentation of the name change

Name (To be changed to): _____

To process ADDRESS/PHONE NUMBER CHANGE:

Please go to **Pioneer Pass** > Click on **Directions** > Click on **Update My Contact Information (Address/Phone)?** This will give you step-by-step directions on how to change your address/phone number.

Student Records Use Only

New Advisor: _____ Initials/Date Information Changed: _____

Comments: _____