



WESTERN PIEDMONT
COMMUNITY COLLEGE

Office of Admissions and Records, 1001 Burkemont Ave., Morganton, NC 28655
Attn: Annette Joy or Cathy Williams Fax Number: (828) 448-6179

PROFILE/PROGRAM CHANGES

(* Indicates required information)

*NAME: _____

(Please Print as it now appears on your records)

*STUDENT ID #: _____ *DATE _____

*BIRTHDATE: _____ *CONTACT PHONE # _____

*STUDENT SIGNATURE: _____

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

(Must Complete a New Application if Not Enrolled in the Past Academic Year)

_____ Please check here: If you are graduating from WPCC at the end of this semester.

_____ Please check here: If you were in an Allied Health program and no longer want to be on the waiting list.

(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)**

_____ **RE-ACTIVATION:** (Must Complete a New Application if Not Enrolled in the Past Academic Year)

Program of Study _____ Re-entrance date _____

_____ **NAME, ADDRESS, and/or PHONE NUMBER CHANGES:**

Name (To be changed to): _____

Address (Mailing address only): _____

Home Phone: _____ County: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone Number: _____

Student Records Use Only

New Advisor: _____ Initials/Date Information Changed: _____

Comments: _____