

Mail to: Registration and Records
Waubonsee Community College
Route 47 At Waubonsee Drive
Sugar Grove IL, 60554-9454
FAX to: (630) 466-4964



WAUBONSEE
COMMUNITY COLLEGE

Where futures take shape

OFFICE USE ONLY

Date Received _____

Date Processed _____

Initials _____

STUDENT INFORMATION CHANGE FORM

Name: _____
Last First Middle Initial

X Number _____ or Social Security Number: ____ - ____ - ____

I request the information below to be updated on my Waubonsee records.

Student Signature: _____ Date: _____

Complete only the sections that need updating. Please print.

Legal Name: _____
Last First Middle Initial

Date of Birth: ____/____/____

Social Security #: ____ - ____ - ____

(Name, birth date and SSN changes may require documentation.)

Permanent Home Address (Legal Residence):

Documentation of residency may be required.

Street Address Apt/Unit No. City State Zip County

Request a mailing address different than the home address:

Street address Apt/Unit No. City State Zip County

Telephone: _____
Home (□Primary Contact) Cell (□Primary Contact) Work (□Primary Contact)

Email Address: _____ Home Work

For the : Fall 20____ (Aug.—Dec.) Spring 20____ (Jan.—May) Summer 20____ (June—July)

Change status: Attend Full-time (12 or more credit hrs.) or Attend Part-time (less than 12 credit hrs.)
Seeking a Degree or Certificate at WCC Yes No
Financial Aid Applicant Yes No

Change Major: Major Code: _____ Name of Major/Program: _____
Catalog year if not using current year _____