

Information Change

This form may be mailed or faxed
715 W. Raab Road
Normal, IL 61761
(309) 268-4345

PERSONAL INFORMATION (please print)

ID Number _____

Name _____
last first middle

Address _____

E-mail _____

Phone _____

NEW INFORMATION (please check applicable)

- Name
- Address
- Phone
- Email
- Catalog Year
- Major
- Advisor

ACADEMIC INFORMATION

Catalog Year

- 2007-08
- 2008-09
- 2009-10
- 2010-11
- 2011-12
- 2012-13
- 2013-14
- _____

Major (Degree)

- Business (BBA)
- Criminal Justice (BS)
- Liberal Arts (BA)
- Liberal Arts (AA)
- Liberal Science (AS)
- Tourism, Sport and Hospitality Mngt (BS)
- Cosmetology (AAS)
- Cosmetology (CC)
- Esthetics (CC)
- Massage (CC)
- Nail (CC)
- Non-Degree (NDS)

Original Advisor Name:

Change to (Advisor Name):

I certify that I can provide documentation to verify all
information on this information change form

Student Signature

Date Completed

Entered By

Date Completed