



CHANGE OF STATUS FORM (NEW STUDENTS ONLY)

SOCIAL SECURITY #: _____ - _____ - _____ EMPL ID: _____ SEMESTER: _____

NAME: _____, _____, _____
(Last) (First) (M.I.)

NEW ADDRESS: _____ APT#: _____
(Number & Street)

CITY: _____, STATE: _____ ZIP CODE _____

NEW PHONE #: _____ / _____ DATE OF BIRTH: _____ / _____ / _____
Month Day Year

NEW EMAIL ADDRESS: _____

SOCIAL SECURITY #: OLD: _____ - _____ - _____

NEW: _____ - _____ - _____
(Please attach copy of Social Security Card)

NAME CHANGE: OLD: _____, _____, _____
(Last) (First) (M.I.)

NEW: _____, _____, _____
(Last) (First) (M.I.)

OLD CURRICULUM: _____ OLD SUB PLAN: _____
(If applicable)

NEW CURRICULUM: _____ NEW SUB PLAN: _____
(Please refer to the [Curriculum/Major Sheet](#) to choose your new major/plan and/or sub/plan, if applicable)

Note: If you are a transfer student, the change of major may affect your transfer credits. Please contact a Transfer Credit Evaluator at creditevaluation@lagcc.cuny.edu for re-evaluation.

STUDENT'S SIGNATURE: _____ DATE: _____

COUNSELOR'S SIGNATURE: _____