MIDDLESEX COUNTY COLLEGE
Enrollment Services

Office use only:

Signature _____
Date _____

Change of Academic Information Form

Please print clearly:

Name _____ _____ _____
(First) (Middle) (Last)

Student ID # _____ **Date of birth:** _____ **Best contact phone number:** _____

Address: _____

City_____ **State**_____ **Zip Code** _____

Student Signature _____ **Date** _____

Please check box next to requested change(s):

☐ **Change of major: (Advisor approval required and $10 fee required for continuing students[1])**

From _____ **to** _____

Advisor signature _____ **Date** _____

[1] Students who are beyond their first semester of study at MCC.

☐ **Declaring a major: (Please send all official transcripts to Enrollment Services in West Hall)**

From _____ **to** _____

Please complete the following:

Are you a High School or GED graduate? Yes ____ **No** ____

High School last attended _____

City _____ **State** _____ **Year of high school graduation** _____ **or GED** _____

List of colleges and schools attended after high school, including Middlesex County College:

Name of School	Dates Attended	Degree Granted or Present Status
_____	_____to_____	_____
_____	_____to_____	_____
_____	_____to_____	_____