

# ANTIOCH UNIVERSITY

M I D W E S T

Office of the Registrar | 900 Dayton Street, Yellow Springs, OH 45387 | 937-769-1665 | midwest.antioch.edu

## CHANGE OF STATUS FORM

Student Name: \_\_\_\_\_

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Student ID # \_\_\_\_\_

Degree Program (Check one):

US    TL    M.ED/L    OPL    Endorsement    GMP    CAE    ILPS

Change Contact Information (Please print)

New / Current Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Former Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Phone Number:

\_\_\_\_\_

Home    Cell    Other \_\_\_\_\_

Former Phone Number:

\_\_\_\_\_

Home    Cell    Other \_\_\_\_\_

Name Change (Please print)

\_\_\_\_\_

Former Name

\_\_\_\_\_

Supporting documentation of name change:  Driver's License    Social Security Card

Program Related Action:

All program related changed must be accompanied by written request from the student.

Withdrawal    Leave of Absence    Defer Date of Entry

Effective Date of Action: \_\_\_\_\_

For Registrar Office Use Only: Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Registrar's Office - Rev 8-26-2010