

# ANTIOCH UNIVERSITY

## M I D W E S T

Integrated Student Services, 900 Dayton Street, Yellow Springs, OH 45387 1-937-769-1665  
 stuservices.aum@antioch.edu antiochmidwest.edu

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

Social Security # XXX - XX - \_\_\_\_ Student ID # \_\_\_\_\_

**Name Change Request (Please Print)**

**Current Name**

**Former Name**

\_\_\_\_\_

Required: Two forms of verification - Copy of Marriage License or Divorce Decree, and a Driver's License or Social Security Card

**Change of Major or Concentration Request**

**Former Major or Concentration**

**New Major or Concentration**

\_\_\_\_\_

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

**Advisor - Signature & Date:** \_\_\_\_\_

**Change of Advisor Request**

**Current Advisor:** \_\_\_\_\_  
 Print name

**Preferred Advisor:** \_\_\_\_\_  
 Print name

**Advisor - Signature & Date**

**Advisor - Signature & Date**

\_\_\_\_\_

**Change of Anticipated Date of Completion (Graduation)**

**Term and Year**

**Advisor - Signature & Date**

\_\_\_\_\_

**Program Status Change Request**

Withdrawal

Defer Date of Entry

[Leave of Absence \(web form\)](#)

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

**Student Signature Authorizing Change & Date:** \_\_\_\_\_

<b>Office Use</b>	<b>Registrar Approval</b>	<b>Student Accounts Notation</b>	<b>Financial Aid Copy</b>
	Initials _____ Date _____	Initials _____ Date _____	Initials _____ Date _____