

NOT FOR EARLY/MIDDLE COLLEGE or CCP STUDENTS

Please Note: You must download this form before completing, then save to desktop and attach to email.

STUDENT INFORMATION

1. Forsyth Tech Student ID# or Date of Birth _____
2. Name (as it appears on your college record) _____
3. Using Financial Aid? Yes No
4. Using VA Benefits? Yes No

PROGRAM CHANGE

1. Check one of the following:
 - Currently admitted/enrolled student changing program
 - Recent Forsyth Tech graduate (within one year) - enrolling in a new program
2. New Program: _____
3. Academic Level: Associate Diploma Certificate
4. Effective Semester (Check only one):
Program changes for the current semester are changed to the next semester if student's courses are in progress.
 - Fall 20____(yr) Spring 20____(yr) Summer 20____(yr)

NAME CHANGE (must attach [legal documentation](#))

1. New Name _____

STUDENT SIGNATURE _____ DATE _____

Type name if emailing form from your Forsyth Tech email account. Otherwise, a handwritten signature is required.

Email completed form to records@forsythtech.edu