



CHANGE OF STUDENT INFORMATION

Last Name _____		First _____	Student ID _____
Student Status:	_____ First Time	_____ Continuing	_____ Returning
Are you currently employed with Hodges University?		_____ Yes	_____ No
Have you previously been employed with Hodges University?		_____ Yes	_____ No

ADDRESS CHANGE: COMPLETE IF APPLICABLE, SIGN BELOW

NEW MAILING ADDRESS: _____
Street _____

Check if graduating this term _____

City _____ State _____ Zip Code _____
()
Area Code _____ Telephone Number _____

New Employer: _____
Name of Employer _____

Standard _____
Corporate _____

Street _____
City _____ State _____ Zip Code _____
()
Area Code _____ Telephone Number _____

NAME CHANGE: COMPLETE IF APPLICABLE, SIGN BELOW

FROM: _____
Legal Name Last First

TO: _____
Legal Name Last First

Reason for Change: _____ **Effective Term:** _____

Social Security Card (attach copy)
Visa/Passport - *International Students only* (attach copy)

NOTE: A copy of the Social Security Card above must be attached to process request.

CHANGE OF CAMPUS: COMPLETE IF APPLICABLE, SIGN BELOW

FROM: _____

TO: _____

* Student's Signature is required to process this request

Student's Signature _____ **Date** _____

FOR OFFICE USE

Processed By _____	Date _____	Name Change Form Completed _____
		Copy emailed to HR/Payroll _____