

## Continuing Education

*(Please Complete This Form In Its Entirety)*

- Current students updating their address must provide proof of residency (acceptable documents can be found on [www.macomb.edu](http://www.macomb.edu)).
- Documentation must be provided for any name change to be processed (driver's license, Social Security Card or court documents).

### STUDENT INFORMATION

Macomb User ID _____	Birthdate _____ <small>MM/DD/YYYY</small>	Social Security Number _____
STUDENT NAME _____		FORMER LAST NAME _____
STREET ADDRESS _____		
CITY _____	STATE _____	ZIP _____
EMAIL ADDRESS _____		AREA CODE & PHONE NUMBER _____
EMERGENCY CONTACT NAME _____		EMERGENCY CONTACT AREA CODE & PHONE NUMBER _____
<b>Military Affiliation</b>		
<input type="checkbox"/> Veteran	<input type="checkbox"/> Active Member of Military	
<input type="checkbox"/> Spouse or Dependent of Veteran	<input type="checkbox"/> National Guard/Military Reserves	
<input type="checkbox"/> Spouse or Dependent of Active Member	<input type="checkbox"/> None of the above	
<input type="checkbox"/> Spouse or Dependent of Guard/Reserves		

### PROGRAM INFORMATION

<b>Non-Academic Credit</b>
Program of Study _____
Signature <i>(student signature is mandatory)</i> _____ Date _____

This form can be mailed/faxed/scanned and emailed or delivered in person to either campus.

<b>South Campus:</b> G Building, Room 224 14500 E. 12 Mile Road Warren, MI 48088-3896 (P): 586.445.7999 (F): 586.445.7140	<b>Center Campus:</b> G Building, Room 110 44575 Garfield Road Clinton Township, MI 48038-1139 (P): 586.445.7999 (F): 586.226.4787
<a href="mailto:records@macomb.edu">records@macomb.edu</a>	

#### Office Use:

Date Processed: \_\_\_\_\_ By: \_\_\_\_\_ CM Code: \_\_\_\_\_