

Non-Credit/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).
- Documentation must be provided for any name change to be processed (driver's license or court documents).

STUDENT INFORMATION

Macomb User ID _____	Birthdate _____ <small>MM/DD/YYYY</small>	Last 4 digits of Social Security No. _____
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 _____
Military Affiliation <i>(check all that currently apply)</i> <input type="checkbox"/> Veteran <input type="checkbox"/> Active Member <input type="checkbox"/> Reservist <input type="checkbox"/> National Guard Current Spouse/Child of <input type="checkbox"/> Veteran <input type="checkbox"/> Guard/Reservist <input type="checkbox"/> Active duty Branch <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Unknown Are you an F-1 Student <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature <i>(student signature is mandatory)</i> _____	Date _____
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This form can be mailed/faxed/scanned and emailed or delivered in person to either campus.

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

Office Use: Date Processed: _____ By: _____ CM Code: _____
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