

## Student Update

**(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 or court documents).

**I plan to enroll starting:**

Fall 20\_\_\_\_\_ (Aug—Dec)    Winter 20\_\_\_\_\_ (Jan—May)    Summer 20\_\_\_\_\_ (May—Aug)

**STUDENT INFORMATION**

Macomb User ID _____		Birthdate _____ <small>MM/DD/YYYY</small>		Last 4 digits of Social Security No. _____	
LAST NAME _____		FIRST NAME _____		MIDDLE NAME _____	
FORMER LAST NAME (IF APPLICABLE) _____					
STREET ADDRESS _____					
CITY _____		STATE _____		ZIP _____	
EMAIL ADDRESS _____			AREA CODE & PHONE NUMBER _____		
EMERGENCY CONTACT NAME _____			EMERGENCY CONTACT AREA CODE & PHONE NUMBER _____		
<b>Military Affiliation</b> (check all that currently apply)					
<input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty <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					
<b>Branch:</b> <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 <b>Are you an F-1 Student</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

**PROGRAM CHANGE INFORMATION**

Students needing assistance in determining, changing or updating a program of study should contact the Counseling & Advising Office at Center Campus, H 103 or South Campus, G 370, 586.445.7999.	
_____ <b>Program of Study</b> (ex: Accounting, Culinary, etc)	<input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Skill Specific Certificate <input type="checkbox"/> Guest Student from another college

<b>Signature</b> (student signature is mandatory)	Date

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

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

[records@macomb.edu](mailto:records@macomb.edu)