

## 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)). Residency will be verified by mail.
- Documentation must be provided for any name change to be processed (driver's license, Social Security Card 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 _____<br><small>MM/DD/YYYY</small> |  |  | Social Security Number _____ |  |  |
| 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<br>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. |  |
| _____   | <input type="checkbox"/> Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Skill Specific Certificate |
| <b>Program of Study</b> (ex: Accounting, Culinary, etc)   | <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.

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

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