

ANTIOCH UNIVERSITY

M I D W E S T

Office of the Registrar | 900 Dayton Street, Yellow Springs, OH 45387 | 937-769-1665 | midwest.antioch.edu

CHANGE OF STATUS FORM

Student Name: _____

Social Security # ____ - ____ - _____

Student ID # _____

Degree Program (Check one):

US TL M.ED/L OPL Endorsement GMP CAE ILPS

Change Contact Information (Please print)

New / Current Address:

Former Address:

New Phone Number:

Home Cell Other _____

Former Phone Number:

Home Cell Other _____

Name Change (Please print)

Former Name

Supporting documentation of name change: Driver's License Social Security Card

Program Related Action:

All program related changed must be accompanied by written request from the student.

Withdrawal Leave of Absence Defer Date of Entry

Effective Date of Action: _____

For Registrar Office Use Only: Processed by: _____ Date: _____ Registrar's Office - Rev 8-26-2010