

INFORMATION CHANGE

PRESENT NAME (Last, First, M.I.): _____

EmplID: _____ DATE: _____

Complete ONLY the items to be changed.

1. NAME CHANGE
Former Name (Last, First, M.I.): _____
2. CORRECTED SOCIAL SECURITY NUMBER): _____
3. NEW ADDRESS – Mailing Address: _____
City: _____ State: _____ Zip: _____
4. NEW TELEPHONE NUMBER): _____
5. NEW CURRICULUM : _____

Please complete this section, if you have lived outside of Virginia or if you have attended another college since you were last enrolled at MECC.

Have you been domiciled in the state of Virginia for the past twelve months? Yes No
(To be domiciled you must have been a resident for the past twelve months. If you were employed and filed a state income tax return, you must have filed a Virginia State Income Tax Return. If you hold a valid driver's license and you own/operate a motor vehicle, you must have a valid Virginia Driver's License and your vehicle must have been registered in Virginia for the past twelve months.)

If no, where have you lived for the past twelve months? _____

If you have attended other Colleges or Universities since last attending MECC, please complete the box below:

Last College Attended	State	Degree	Last Year Attended	Academic Standing at Last College
1.				<input type="checkbox"/> Good Standing
2.				<input type="checkbox"/> Probation
3.				<input type="checkbox"/> Suspension
4.				<input type="checkbox"/> Dismissed

I certify that all of the information I provided above for re-admission and Virginia In-state tuition is true and accurate. I agree to furnish the college with supporting documentation related to my re-admission, if I am requested to do so.

Signature of Student Date _____

OFFICE USE ONLY

CHANGE FROM UNCLASSIFIED TO CURRICULAR ES: _____ DATE: _____