



Chicago Change of Status Form

INSTRUCTIONS: Students wishing to inform the University of a change of name, address, advisor, or those wishing to declare a concentration must complete this form. Print the information you wish to have changed, obtain the appropriate signatures for approval of the change(s), and return the form to Student Services.

Social Security Number: _____

Full Name: _____

Current Degree Program: _____

I WISH TO DECLARE THE FOLLOWING CHANGE(S) FOR MY PERMANENT RECORD:

ADDRESS CHANGE

Previous Address: _____

NEW Address: _____

City: _____ State: _____ Zip: _____

Current Phone Number: () _____ Alternate Number: () _____

NAME CHANGE (Must be substantiated by marriage certificate, divorce decree, or court order)

Former Name: _____

New Name: _____

ADVISOR CHANGE

Current Advisor: _____ New Advisor: _____

Current Advisor Signature (*required*): _____

New Advisor Signature (*required*): _____

CONCENTRATION CHANGE OR DECLARATION

Previous (if applicable): _____

New: _____

Your Signature: _____ Date: _____