



Student Change Form

STUDENT INFORMATION

Student name as registered: _____

Student ID #: _____

Name change: _____

Correct Student ID #: _____

Address change: _____

Mailing Address

City

State

Zip

Phone Number change: _____

Effective Date: _____

Enrolled Course Name: _____

Check here if currently receiving a Bates payroll check for Work Study, Externship or other.

MISCELLANEOUS

Effective Date: _____

Signature: _____

Please complete this form and submit it to the Registration Office at any campus or email registration@batestech.edu.