



STUDENT VITAL STATISTICS FORM

Name (please print) _____ Student ID No. _____ Date _____

PLEASE CHANGE MY:

- Name
- Social Security Number
- International Student to Resident Immigrant Alien
- Address
- U.S. Citizenship
- Resident Immigrant Alien Number _____
- Phone
- Program Objective
- BCC Employee Verification _____
Signature

OLD INFORMATION *(complete only if name and/or Social Security number is to be changed).*

Student ID Number _____
Name (last/first/middle/former name) _____

NEW INFORMATION

Student ID Number _____
Name (last/first/middle/maiden) _____
Address(street/apartment number/county) _____
City/State/Zip _____
Telephone _____

DEGREE *(check one)*

F1 Visa students must meet with the designated school official to make a program change.

AA AAS AS Certificate Other/Personal Objectives _____
Program Objective Name _____
Program Objective Number _____
Student Signature _____

FOR BCC OFFICE USE ONLY

Original term of entrance _____
Employee Signature _____ Campus _____ Date _____
DTC Employee Signature _____ Date _____