

CHANGE OF STATUS FOR CURRENT AND FORMER DSC STUDENTS

CHECK ALL THAT APPLY: **Name Change** **Address Change** **Major Change** **Readmit**

Name _____ DSC ID# _____
Last Name First Name Middle Name

Maiden/Previous Names _____ Birthdate ____ / ____ / ____

Address _____
Street/PO Box City State ZIP

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email: _____ **Note:** Update confirmation will be emailed to your DSC email account. You may access your DSC account at <http://mydsc.daltonstate.edu/cp/home/loginf>

Emergency Contact _____ Relationship _____ Phone (____) _____

How long have you continuously resided in Georgia? From (mm/yy) ____/____/____ To (mm/yy) ____/____/____

Have you been convicted of anything other than a traffic violation since your initial acceptance to DSC? **NO** **YES**
(IF YES, you must complete and submit a Dalton State College Appeals Form and Applicant Background Check Release/Authorization Form to the Office of Enrollment Services.)

Currently enrolled? Which term do you want these changes to be effective? *Check one:* Fall Spring Summer _____
 Yes No Which session do you want these changes to be effective? *Check one:* A/B C Year

ENTER YOUR NEW MAJOR (as listed in current catalog): _____
Click to see current Programs of Study: <http://www.daltonstate.edu/academics/prog.htm>

DEGREE OBJECTIVE FOR NEW MAJOR (check one):

- | | |
|--|---|
| <input type="checkbox"/> Bachelor of Arts | <input type="checkbox"/> Bachelor of Applied Science |
| <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Bachelor of Business Administration | <input type="checkbox"/> Certificate |
| <input type="checkbox"/> Bachelor of Social Work | <input type="checkbox"/> Mini-Certificate |
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Transient |
| <input type="checkbox"/> Associate of Science | <input type="checkbox"/> Special |
| <input type="checkbox"/> Associate of Science in Nursing | <input type="checkbox"/> Audit |

Notice:

Changing from a certificate to a degree program after the HOPE Grant has been awarded for a semester will require repayment of the grant. Check with the Office of Financial Aid before submitting this form if you have questions.

List **ALL** technical schools, colleges, and universities previously attended and years of attendance:

Institution	From/To	Institution	From/To
_____	____/____	_____	____/____
_____	____/____	_____	____/____

Are you currently enrolled in one of the institutions listed above? _____ If yes, what will be your last term? _____

By University System policy, students may not choose to exclude work attempted at another institution. Failure to list prior course work may result in the rejection or dismissal of the student. The student is responsible for having all transcripts forwarded **directly** to the Dalton State College Enrollment Services Office. **Transcripts must be received prior to re-enrollment.**

Return form to: Dalton State College
 Office of Enrollment Services
 650 College Drive, Dalton, GA 30720
 Phone: 706.272.4436 • 800.829.4436
 Fax: 706.272.2530

SIGNATURE _____

DATE _____

R-05/08 M-Drive

Needs _____ (Hold _____)

ADMINISTRATIVE USE ONLY

SAT: V _____ M _____

Complete _____

ACT: E _____ M _____

Incomplete _____

Credit for: ENG 1101 _____

CPE: R _____ E _____ M _____

By _____

MATH 1111 _____

HIST _____

POLS _____

COMPASS: R _____ E _____ A _____ PA _____

Date _____