		Registration Office (Welcome Center)		
GRAYS HARBOR COLLEGE			d P Smith Dr.	
Student Update Form			en WA 98520 ment@ghc.edu	
Year Summer (July-Aug.) Fall (SeptDec.) Winter (JanMarch) Spring (April-June)				
Name				
Last (legal) First NOTE: Only update areas below where changes need to b	e made to your student	JDENT IDENTIFICATION NI account	JMBER	
Other Name(s) Used				
Mailing Address				
CityState				
Email addressPł	none Number			
PROGRAM OF STUDY				
List of pr	ograms can be viewed here: GH	CCATALOG		
<ol> <li>Have you lived in the State of Washington for the past 12 consecuti</li> <li>Do you have a driver's license or state ID?</li> <li>Your current driver's license or state ID was issued in which state?</li> <li>Are you active duty military or the spouse or dependent of an active If you answered "Yes", submit a copy of your Military ID and PCS (Permar 5. Are you a Washington National Guard member or the spouse or dependent? If you answered "YES", submit a copy of your MilitaryID List any colleges you attended other than GHC.(list other names at COLLEGE NAME</li> </ol>	e duty military member? Hent change of Station) Orders. Hendent of a Washington Nati	onal Guard STATE	Yes No No State: Yes No Yes No Yes No	
Last High School you attended.				
Did you graduate High School? Yes No Year GEI	D? Yes No – If Yes,	indicate year earned		
APPLICANT'S SIGNATURE				
I understand that my request to change my current program may affect my financial aid eligibility and/or award amount. I also understand this change may affect my time to degree completion. I certify that my responses on this form are true.				
Required applicant's signature		Date		
OFFICE USE ONLY				
Date Received: Processed By: Financial Aid Notified: Student Notified:				

Grays Harbor College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, creed, religion, marital status, veteran status, genetics, or age in its programs, activities, and employment.