

Student Update Form

 Year Summer (July-Aug.) Fall (Sept.-Dec.) Winter (Jan.-March) Spring (April-June)

 Name _____
Last (legal) First M.I. STUDENT IDENTIFICATION NUMBER
NOTE: Only update areas below where changes need to be made to your student account

Other Name(s) Used _____

Mailing Address _____

City _____ State _____ ZIP _____

Email address _____ Phone Number _____

PROGRAM OF STUDY

 List of programs can be viewed here: [GHC CATALOG](#)
RESIDENCY STATUS

1. Have you lived in the State of Washington for the past 12 consecutive months? Yes No
2. Do you have a driver's license or state ID? Yes No
3. Your current driver's license or state ID was issued in which state? State: _____
4. Are you active duty military or the spouse or dependent of an active duty military member?
 If you answered "Yes", submit a copy of your Military ID and PCS (Permanent change of Station) Orders. Yes No
5. Are you a Washington National Guard member or the spouse or dependent of a Washington National Guard member? If you answered "YES", submit a copy of your Military ID. Yes No

List any colleges you attended other than GHC.(list other names attended under)			
COLLEGE NAME	CITY	STATE	YEAR
Last High School you attended.			
Did you graduate High School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	GED? <input type="checkbox"/> Yes <input type="checkbox"/> 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: