

Form can be mailed to: **Admissions Office, 5150 N. Maple Ave., M/S JA57, Fresno, CA 93740**

Name: _____
Last First Middle
Student ID #: _____ Phone Number: _____

Applied as a: (Required) Freshman Upper Division Transfer Returning Student Postbaccalaureate/Graduate

Application Term: Spring 2017 Fall 2017 **Major:** (Required) _____

Check *only* boxes you wish to change.

Name Change (Primary and preferred name will be updated)

New name: _____
Last First Middle

Current Legal Name as Shown on Social Security Card or Passport

MUST Attach Copy of Social Security Card and Drivers License or Student Body ID Card or Passport

Social Security Number _____
Number as Shown on File Current Number

As Shown on Social Security Card or Passport

MUST Attach Copy of Social Security Card and Drivers License or Passport

Birthdate _____
Date of Birth as Shown on File As Shown on Current Drivers License or Passport

MUST Attach Copy of Drivers License or Passport

Gender Male Female _____
Gender as Shown on File As Shown on Current Drivers License or Passport

MUST Attach Copy of Drivers License or Passport

Student Signature: _____ Date: _____

Office Use Only

Updated By: _____ Date: _____ Checklist: _____