NCTC

RECORDS MAINTENANCE FORM

REGISTRAR'S OFFICE * NORTH CENTRAL TEXAS COLLEGE * 1525 W. CALIFORNIA * GAINESVILLE, TX 76240 * 940-668-4222

Name _____ **SS#:** _____-_____-_____

I. Complete this portion to correct NAME, SOCIAL SECURITY NUMBER, BIRTHDATE or ADDRESS

**** STUDENT MUST PRESENT SOCIAL SECURITY CARD TO CHANGE S.S. NUMBER ON FILE****

Incorrect

SOCIAL SECURITY NUMBER

BIRTHDATE _____
MONTH DAY YEAR

NAME _____
LAST FIRST MI

ADDRESS _____

CITY _____COUNTY_____

STATE _____ZIP_____

TELEPHONE _____

EMAIL ADDRESS _____

Correct

SOCIAL SECURITY NUMBER

BIRTHDATE _____
MONTH DAY YEAR

NAME _____
LAST FIRST MI

ADDRESS _____

CITY _____COUNTY_____

STATE _____ZIP_____

TELEPHONE _____

EMAIL ADDRESS _____

SEMESTER LAST ENROLLED (CHECK ONE): ☐ FALL ____ ☐ SPRING ____ ☐ SUMMER I _____ ☐ SUMMER II _____
YEAR YEAR YEAR YEAR

II. Complete this portion to change ADVISOR or MAJOR

Old Major: _____ New Major: _____

Assigned Advisor: _____ Selected Advisor: _____

III. Complete this portion to change EDUCATIONAL INTENT

Please change my educational intent for enrolling at NCTC to:

☐ For a one year technical certificate in _____

☐ For a two-year associate degree in _____

☐ For transfer work toward a bachelor's degree in _____

I understand that the regulations for Federal Title IV student assistance require admission to the college for one of the above educational intents to be eligible for Financial Aid.

STUDENT SIGNATURE _____ **DATE** _____

***Request for change will not be processed without student signature**.