

Request for Change of Status

Student ID# (preferred) or Social Security #: _____ Date: _____

Semester requesting the change: ___ Fall ___ Spring ___ Summer Year _____

Last name: _____ First _____ Middle _____

Student Signature: _____

Complete only the section(s) you are changing:

Address Change:

New Address: _____ City: _____

State: _____ Zip: _____ County: _____ New Phone: _____

Name Change:

I am currently registered under the name: _____

And my name has now changed to: _____

(name as is appears on new Social Security Card)

Major Change: Students are encouraged to speak with their current and new advisor when changing a major

Current Major: _____ Major Code: _____

Specialization for Major (if applicable): _____

Level of Major: ___ Associate Degree ___ Diploma ___ Technical Certificate of Credit

New Major: _____ Major Code: _____

Specialization for Major (if applicable): _____

Level of Major: ___ Associate Degree ___ Diploma ___ Technical Certificate of Credit

Return this form in one of the following ways: Fax to 706-295-6944 or 706-764-3707

Catoosa County; 120 College Park Drive; Ringgold, GA 30736

Floyd County; One Maurice Culberson Drive; Rome, GA 30161

Gordon County; 1151 Highway 53 Spur SW; Calhoun, GA 30701

Polk County; 466 Brock Road; Rockmart, GA 30153

Walker County; 265 Bicentennial Trail; Rock Spring, GA 30739

Whitfield Murray County; 2310 Maddox Chapel Road; Dalton, GA 30721



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