



CHANGE OF CAMPUS FORM

A student should complete this form when he or she requests a change from one campus to another. Please fax to 770.357.5147

Name: _____ Social Security #: _____

E-Mail Address: (Please print) _____

Address: _____
(Street or PO Box) (City) (State) (Zip Code)

Telephone #: _____
(Home) (Work)

Change from the _____ Campus to
the _____ Campus, please list your program of
study _____.

Signature

Date

IMPORTANT NOTE

This form is not to be used for a change of program. Please see the office of admissions if you wish to change your programs of study.

OFFICE USE ONLY

Date Received _____ Quarter in which change becomes effective _____

RETURN THE COMPLETED FORM TO THE OFFICE OF ADMISSIONS