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 678.989.3015

☐ I have verified that the program is offered at the campus I wish to attend!

Name: _______________________  Student ID: _______________________

E-Mail Address: (Please print) __________________________________________________________________________

Address: ________________________________________________________________ (Street or PO Box)

(Home) (City) (State) (Zip Code)

Telephone #: ____________________________________________ (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 program of study.

________________________________________________________________________

OFFICE USE ONLY

Date Received __________ Semester in which change becomes effective __________

RETURN THE COMPLETED FORM TO THE OFFICE OF ADMISSIONS

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