



ADMISSIONS OFFICE
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OFFICE USE ONLY
Date Processed: _____
Processed By: _____

CHANGE IN STUDENT INFORMATION FORM

Student ID or SSN: _____ Date of Birth: _____

Name _____ Check if this is a change of name

COMPLETE THIS SECTION FOR CHANGE OF ADDRESS/PHONE NUMBER

New Address: Date you moved (month/day/year): _____

Address: _____

County: _____

Phone Number (Home): _____ Phone Number (Cell): _____

Phone Number (Work): _____

E-mail address: _____

Previous Address: _____

County: _____

If you have changed your county of residence, you must complete the following:

I live on property that I rent/own: Yes No

I live substantially all year at the address given: Yes No

I have filed a Maryland income tax form: Yes No

I have received more than one-half of my financial support from another person during the most recently completed calendar year: Yes No If yes, provide:

Name: _____ Relationship: _____

I provided the following facts about my residency and agree to furnish evidence for verification upon the request of a designated college official.

Student Signature: _____ **Date:** _____