



# CHANGE FORM

**OFFICE OF ADMISSION**  
One University Parkway  
University Park, IL 60484-0975

## Information Update of Student Record

(708) 534-5000  
FAX (708) 534-1640

Name: \_\_\_\_\_ GSU ID #: \_\_\_\_\_

Undergraduate     Graduate     Doctorate

### Change of Semester

**Please note that your term can only be changed once; not to exceed one year from the term of your original admission.**

FROM:     Summer     Fall     Spring    Year: \_\_\_\_\_

TO:     Summer     Fall     Spring    Year: \_\_\_\_\_

### Change of Major

FROM:    Major \_\_\_\_\_    Concentration \_\_\_\_\_  
(If applicable)

TO:    Major \_\_\_\_\_    Concentration \_\_\_\_\_  
(If applicable)

### Change of Contact Information

Name: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Copy of driver's license or marriage license required)

Address:     Permanent Address     Mailing Address

FROM: \_\_\_\_\_  
Street Address                      City, Town                      Zip                      Country

TO: \_\_\_\_\_  
Street Address                      City, Town                      Zip                      Country

Phone:     Home     Business     Cellular    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Area Code)                      (Phone Number)

*Signature required before any changes will be made.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The above changes will be processed by the ADMISSION PROCESSING OFFICE. Processed by: \_\_\_\_\_