



WARNER UNIVERSITY

# Student Information Update

Name \_\_\_\_\_

Warner ID or SSN \_\_\_\_\_

Last Term/Year Attended \_\_\_\_\_

|                        |                |
|------------------------|----------------|
| Registrar's Office Use |                |
| Date Recorded _____    | Initials _____ |

STUDENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**CHANGE OF ADDRESS/PHONE NUMBER**

Permanent Address \_\_\_\_\_  
Street Address City State Zip Code

Permanent Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**NAME CHANGE** (attach documentation)

Former Name \_\_\_\_\_  
Last First Middle

New Name \_\_\_\_\_  
Last First Middle

Would you like a new WU email address?  Yes  No

Would you like your user name changed in Moodle for online classes?  Yes  No

**SOCIAL SECURITY NUMBER** (attach a copy of Social Security card)

Incorrect Social Security Number: \_\_\_\_\_

Correct Social Security Number: \_\_\_\_\_

**CHANGE OF MAJOR/MINOR/CONCENTRATION** (requires Advisor's signatures to prompt file transfer)

Former  Major  Minor  Concentration      New  Major  Minor  Concentration

\_\_\_\_\_

Former Advisor \_\_\_\_\_      New Advisor \_\_\_\_\_

Advisor's Signature \_\_\_\_\_      Advisor's Signature \_\_\_\_\_

**CATALOG CHANGE** (requires Advisor's signature)

Former Catalog \_\_\_\_\_      New Catalog \_\_\_\_\_

Advisor's Signature \_\_\_\_\_      Date \_\_\_\_\_

Students changing their program to a subsequent catalog edition must meet all requirements for graduation (Gen Ed, Major, Minor) of that catalog.