

Registration Office (Welcome Center)

1620 Edward P Smith Dr.

Aberdeen WA 98520

enrollment@ghc.edu

Student Update Form

Year Summer (July-Aug.) Fall (Sept.-Dec.) Winter (Jan.-March) Spring (April-June)

Name _____

Last (legal)

First

M.I.

STUDENT IDENTIFICATION NUMBER

NOTE: Only update areas below where changes need to be made (N)-45 ()TETEMC BIP #ICID 4 BDC -0.004 Tc 0.0

If Yes, indicate year earned:

APPLICANT'S SIGNATURE

I understand that my request to change my current program may affect my financial aid eligibility and/or award amount. I also understand this change may affect my time to degree completion. I certify that my responses on this form are true.

Required applicant's signature _____

Date _____

OFFICE USE ONLY