



Student Update Information Request

PLEASE COMPLETE AND PROVIDE REQUIRED DOCUMENTATION

- Current students updating their address must provide proof of residency (acceptable documents can be found on www.oaklandcc.edu/admissions/residency). Valid government ID required with form for changes to be processed.
- Documentation must be provided for any name change to be processed (driver's license, Social Security Card, or court documents).
- Military affiliation: provide appropriate valid ID or DD214 to document active duty, veteran or spouse/dependent status.

REQUIRED INFORMATION

OCC Student ID Number _____ Birth Date (MM/DD/YYYY) _____

Last Name _____ First Name _____ Middle Name _____

Former Name (if applicable) _____

Are you an F-1 student? Yes No

STUDENT INFORMATION

Street Address _____

City _____ State _____ Zip Code _____

Secondary Email _____

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

Emergency Contact Name _____ Contact Phone Number (_____) _____

Correct Social Security Number _____ - _____ - _____

Campus (check one) Auburn Hills Highland Lakes Orchard Ridge Royal Oak Southfield

MILITARY AFFILIATION (CHECK ALL THAT APPLY)

<input type="checkbox"/> Veteran	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reservist	<input type="checkbox"/> National Guard			
<input type="checkbox"/> Current spouse or dependent of	<input type="checkbox"/> Veteran	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reservist/Guard			
<input type="checkbox"/> Veteran's Branch of Service	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> National Guard	<input type="checkbox"/> Navy

PROGRAM OF STUDY INFORMATION

Students may have up to two active programs of study on record. If assistance is needed in determining, changing, or updating a Program of Study, contact the Student Services Office at one of the five campus locations.

Program of Study code (example: BUS.ABA, CRJ.GEN.AAS) _____ Catalog Year _____

I no longer wish to pursue the following Program(s) of Study: _____

SIGNATURE

Student signature and date are mandatory.

Signature _____ Date _____

This form can be mailed to the address below or emailed to ces@oaklandcc.edu.
 Oakland Community College • George A. Bee Administration Center • 2480 Opdyke Road • Bloomfield Hills, Michigan 48304-2266
 To deliver in person, take this form to the Enrollment Services Office at one of the five campus locations.
 (For campus locations, go to www.oaklandcc.edu/campuses/default.aspx)

FOR OFFICE USE ONLY

Date Processed _____ By _____

Comments _____

Please Alert International Student Services of any F-1 Student Changes.