

## Change of Status Form

- Return completed form to the Campus Enrollment and Registration Services office, mail to Admissions and Records, P.O. Box 89000, Atlanta, GA 30356, or fax to 678-891-3280.
- This form is for current applicants and active students only. No fee is required.
- Change of Status forms received after the last day of Schedule Adjustment for a term will be processed for the next term.

**STUDENT INFORMATION**

GPC-ID \_\_\_\_\_

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

**EFFECTIVE TERM/YEAR:**       Summer       Fall       Spring      Year \_\_\_\_\_

**CHANGE OF STATUS TO (Admission Category and Required Documents):**

- Transfer
  - Official high school transcript with date of graduation and diploma type
  - Official transcripts from all colleges attended
  - All immunization requirements must be complete
  - Placement testing may be required
- Transient
  - Transient letter from the home institution for the term the change is being made
  - All immunization requirements must be complete
- Special
  - Official transcript from the institution that awarded the bachelor's or higher degree including date of graduation
  - All immunization requirements must be complete
- Freshman
  - Final official high school transcript with date of graduation and diploma type
    - If not graduating until after classes begin, a partial transcript showing first semester senior grades is required
  - All immunization requirements must be complete
  - Placement testing may be required

*If the change is to transfer, transient, or special (degreed), all universities, colleges, and/or technical schools attended must be listed. List last institution first.*

Name of Institution	City	State	Dates Attended		Degree Received
			From	To	

**MAJOR FOR TRANSFER OR FRESHMAN:**

Degree Type:     Associate of Arts     Associate of Science     Associate of Applied Science     Certificate

Major \_\_\_\_\_

**STUDENT AUTHORIZATION**

I certify that the information given is correct to the best of my knowledge, and I understand that failure to give accurate and complete information may invalidate my admission. I also understand that if this request is made after the last day of schedule adjustment for a term, it will be processed for the next term.

Signature \_\_\_\_\_ Date \_\_\_\_\_