UNIVERSITY of HAWAI'I®
MAUI COLLEGE

CHANGE OF INFORMATION FORM

NAME:_____
Last **First** **M.I.**

SS#:_____-_____-_____ **or UH ID#** _____

I. ADDRESS CHANGE (All Fin Aid/Refund checks will be sent to mailing address):

Current MAILING Address:

From:_____
Number and Street/PO Box

To:_____
Number and Street/PO Box

Current PERMANENT Address:

From:_____
Number and Street/PO Box/City/State/Zip

To:_____
Number and Street/PO Box/City/State/Zip

II. TELEPHONE NO. CHANGE:

From Current Telephone No:_____

To New Telephone No:_____

III. DEGREE/PROGRAM CHANGE:

From Current Degree/Program: _____

New Degree/Program:_____

IV. NAME CHANGE:

From:_____
Last **First** **M.I.**

To:_____
Last **First** **M.I.**

_____
Students Signature

_____
STUDENT SERVICES OFFICE ONLY

Input By:_____

Date:_____

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