



**GEORGIA PIEDMONT**  
TECHNICAL COLLEGE

**STUDENT INFORMATION CHANGE REQUEST**

**Student Status:**       Applicant       Current       Former  
**Change Requested:**       Term Update       File Status Change       Address Change       Admission Type

Enter number and name as they appear on file:

Student ID or SS #: \_\_\_\_\_ (No dashes or dots)  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Admission Type:     Transient     Transfer     Joint     Dual     MOWR     Accel

Effective Term:    Term: \_\_\_\_\_ Year: \_\_\_\_\_

**Student Authorization:** (For CTD Only)  Day     Evening

**I acknowledge that entering my name on this form is the equivalent of my signature. By submitting this form I authorize the Georgia Piedmont Technical College Admissions Office to process my request.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Processing cannot be guaranteed unless forms are sent from GPTC student email accounts.**

<u>Admissions Office Use Only</u>				
<u>ASSET</u>	<u>CPE</u>	<u>COMPASS</u>	<u>SAT</u>	<u>TRANSFER / TAKEN</u>
Score / Required	Score / Required	Score / Required	Score / Required	
W/L _____ / _____	E _____ / _____	WS _____ / _____	V _____ / _____	ENG _____
R _____ / _____	R _____ / _____	R _____ / _____	M _____ / _____	MAT _____
M _____ / _____	M _____ / _____	M _____ / _____	<b>ACT</b>	RDG _____
A _____ / _____		A _____ / _____	E _____ / _____	
			M _____ / _____	
<b>FILE COMPLETE:</b> YES _____    NO _____	<b>STUDENT FILE STATUS:</b>		Regular _____	Provisional _____