

CHANGES TO APPLICATION FORM

OREGON STATE
U n i v e r s i t y

OFFICE OF ADMISSIONS
104 KERR ADMINISTRATION BUILDING
CORVALLIS, OR 97331-2106
541-737-4411

1. STUDENT NAME:

Last _____ First _____ Middle _____
Previous Name(s) _____

2. SSN/ID NUMBER

_____ - _____ - _____

3. DATE OF BIRTH

Month _____ Day _____ Year _____

4. DOES OSU HAVE YOUR CURRENT MAILING ADDRESS? YES NO

If no, please provide your current mailing address below.

5. ARE YOU CHANGING TERMS? YES NO

NOTE: Have you already registered for courses for term you originally applied to? If so, you must also contact the Registrar's Office to withdraw from those courses. By not doing so, you will be billed for those courses.

Term previously applied for _____

Change Term to _____

List any schools attended since last application to OSU:

_____ Dates Attended _____
_____ Dates Attended _____

6. ARE YOU CHANGING MAJORS? YES NO

Previous Major _____ Code _____

New Major _____ Code _____

If you are a graduate student be sure you contact the new department you are applying to for any additional requirements.

7. ARE YOU CHANGING CAMPUSES? YES NO

Current Campus _____ New Campus _____

Beginning Term _____

STUDENT VERIFICATION

Student Signature _____ Date _____

Signature Required