Beaufort County Community College

5337 US Hwy 264 East Washington, NC 27889

Early College High School
Information Change Form

Name: _____ BCCC ID or SS#_____

Name Before Changes: _____

Name (As Should Appear): _____

Correct Social Security Number: _____

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New Mailing Address:

_____
Street or PO Box

_____
City *State* *Zip Code*

_____
Telephone Number

****

Change of Program-Pathway/Catalog

Old Program-Pathway/Catalog of Record: _____

New Program-Pathway/Catalog of Record: _____

High School Graduation Date: _____

Semester Change Effective: _____

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Change of High School

Previous High School: _____

New High School: _____

Old College Advisor: _____

New College Advisor: _____

_____
Student Signature (or College Liaison) ***Date***

An equal opportunity affirmative action institution