



WARNER UNIVERSITY

Student Information Update

Name _____

Warner ID or SSN _____

Last Term/Year Attended _____

Registrar's Office Use	
Date Recorded _____	Initials _____

STUDENT'S SIGNATURE _____ Date _____

CHANGE OF ADDRESS/PHONE NUMBER			
Permanent Address _____			
Street Address	City	State	Zip Code
Permanent Phone _____		Cell Phone _____	

NAME CHANGE (attach documentation)			
Former Name _____			
Last	First	Middle	
New Name _____			
Last	First	Middle	
Would you like a new WU email address? <input type="radio"/> Yes		Would you like your user name changed in Moodle for online classes? <input type="radio"/> Yes	

SOCIAL SECURITY NUMBER (attach a copy of Social Security card)	
Incorrect Social Security Number: _____	
Correct Social Security Number: _____	

CHANGE OF MAJOR/MINOR/CONCENTRATION (requires Advisor's signatures to prompt file transfer)	
Former <input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Concentration	New <input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Concentration
_____	_____
Former Advisor _____	New Advisor _____
Advisor's Signature _____	Advisor's Signature _____

CATALOG CHANGE (requires Advisor's signature)	
Former Catalog _____	New Catalog _____
Advisor's Signature _____	Date _____
Students changing their program to a subsequent catalog edition must meet all requirements for graduation (Gen Ed, Major, Minor) of that catalog.	