

## Valdosta State University Office of Women's and Gender Studies (229) 249-4842 http://www.valdosta.edu/womenstudies

## **Student Data Change Form\***

| A: Student Biographical Infor  | rmation (PLEASE PRINT):      |                    |                             |
|--------------------------------|------------------------------|--------------------|-----------------------------|
|                                |                              |                    |                             |
| Last Name                      | First Name                   | Middle Initial     | VSU ID # (870 xxx xxx)      |
| Signature                      |                              | Date               |                             |
| Current Phone Number           | VSU Email Address            | Other En           | nail Address                |
| Permanent Mailing Address      |                              |                    |                             |
| B: Declaration of Minor or Mir | nor Change: Declare          | /Add Minor Ch      | ange Minor Remove Minor     |
| Major Area of Study            |                              | 8 )                |                             |
| From: Minor Declared           | <b>To</b> : New Minor        |                    | Second Minor                |
| Department Signature & Date    | Department Signature of      | & Date             | Department Signature & Date |
| *Mail or drop off completed fo | orm to 1526 N. Oak Street, V | aldosta, GA 3169   | 08.**                       |
|                                | Or                           |                    |                             |
| *Sign completed form, scan a   | and send as an email attachn | nent to djnickell@ | valdosta.edu**              |