



Adult Basic Education STUDENT UPDATE FORM

Identify Location:

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Adult Education Center (AEC) | <input type="checkbox"/> Inchelium | <input type="checkbox"/> Newport | <input type="checkbox"/> Spokane Community College (SCC) |
| <input type="checkbox"/> Apprenticeship Center | <input type="checkbox"/> Lodge | <input type="checkbox"/> Pullman | <input type="checkbox"/> Spokane Falls Community College (SFCC) |
| <input type="checkbox"/> Colville | <input type="checkbox"/> Next Gen Zone | <input type="checkbox"/> Republic | <input type="checkbox"/> Valley Center |

What Year do you plan to return? Year _____

What Quarter? Summer (July-Aug.) Fall (Sept.-Dec.) Winter (Jan.-March) Spring (April-June)

PERSONAL INFORMATION

Last Name _____ First _____ M.I. _____

Other Name(s) Used _____

Date of Birth _____ ctcLink ID number (if unknown, put NA) _____

Mailing Address _____ City _____ State _____ Zip _____

E-mail address _____ Phone _____

PROGRAM OF STUDY

What program will you be pursuing?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> ABE | <input type="checkbox"/> CAREER TRANSITIONS |
| <input type="checkbox"/> COLLEGE PREP | <input type="checkbox"/> ESL |
| <input type="checkbox"/> GED | <input type="checkbox"/> HS+ |
| <input type="checkbox"/> ON-RAMP | <input type="checkbox"/> PACE/SEER |
| <input type="checkbox"/> SMART START | <input type="checkbox"/> STP |

APPLICANT'S SIGNATURE

I understand that my request to change my current program may affect my financial aid eligibility and/or award amount. I also understand this change may impact my time to degree completion. I certify that my responses on this form are true.

Required applicant's signature _____ Date _____