



# 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"/> ESL                | <input type="checkbox"/> ON-RAMP      |
| <input type="checkbox"/> GED | <input type="checkbox"/> COLLEGE PREP       | <input type="checkbox"/> STP          |
| <input type="checkbox"/> HS+ | <input type="checkbox"/> SMART START        | <input type="checkbox"/> OTHER: _____ |
|                              | <input type="checkbox"/> CAREER TRANSITIONS |                                       |

**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 \_\_\_\_\_