



**Career and College Promise / Cooperative Innovative High School Programs
Information Change Form**

Name: _____ BCCC ID or DOB: _____

Personal Information: Change Correction Add (Attach documentation for name change)

Name From: _____

Name To: _____

Social Security Number: _____

Address: Street or PO Box _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Other: _____

Student Signature

Date

Change of High School: (*Application required if student is moving from CCPP to CIHS or CIHS to CCPP*)

Previous High School: _____

New High School: _____

Previous College Liaison: _____

New College Liaison: _____

Student Profile:

Inactivate Student / End Program/Pathway *Explain:* _____

Reinstate Student / Reactivate Last Program/Pathway(s) *Explain:* _____

Change Program Catalog of Record *From:* _____ *To:* _____

Change to AA or AS (student has completed CTP) *Specify:* _____

Add AA or AS for Graduation *Specify:* _____

Add CTE Diploma/Certificate Program for Graduation *Specify:* _____

Effective: Fall: _____ Spring: _____ Summer: _____

College Liaison Signature

Date