EL CENTRO COLLEGE
CENTER FOR ALLIED HEALTH AND NURSING
HEALTH OCCUPATIONS ADMISSIONS

ADDRESS CHANGE FORM

NOTICE: ***THESE CHANGES MUST ALSO BE MADE AT THE EL CENTRO COLLEGE REGISTRAR'S OFFICE AT THE MAIN CAMPUS.***

STUDENT ID # _____ DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ _____
HOME CELL/OTHER

EMAIL _____

PLEASE CHECK THE PROGRAM IN WHICH ARE ENROLLED OR APPLYING TO:

_____ Associate Degree Nursing

_____ LVN-RN "bridge"

_____ Biotechnology

_____ Echocardiology/Pediatric Echocardiology

_____ Diagnostic Medical Sonography

_____ Invasive Cardiovascular Technology

_____ Magnetic Resonance Imaging

_____ Medical Assisting

_____ Medical Laboratory Technology

_____ Medical Staff Services

_____ Paramedic Technology

_____ Radiography

_____ Respiratory Care

_____ Surgical Technology/Periop Nursing

_____ Vocational Nursing