Stark State College Gateway Student Services

6200 Frank Ave NW, North Canton, OH 44720 (330) 494-6170 | Fax-(330) 966-6598 www.starkstate.edu | studentservices@starkstate.edu



REQUEST FOR CHANGE OF STUDENT TYPE

please print in blue or black ink only

Student Name	SSC Student ID #
Term this change is effective for: ☐ Summer	_ □ Fall □ Spring
year	year year
Current student type:	New student type requested:
☐ Current High School Student	☐ Current High School Student
☐ PSEO Student	☐ PSEO Student
☐ Dual Enrollment Student	☐ Dual Enrollment Student
☐ Early College Student	☐ Early College Student
☐ New First Time Student	☐ New First Time Student
☐ Returning Student	☐ Returning Student
☐ Transfer Student*	☐ Transfer Student*
☐ Transient Student - Guest	☐ Transient Student
☐ International Student	☐ International Student
* If you are a transfer student please list all college(s) that you Name/Branch: City, State:	previously attended (attach additional sheet if necessary): Dates Attended:
program of your choice. You must officially apply to a health p accepted into the program. Please see a counselor in Admissio complete details.	ons or the Department Chair of the program of your choice for
Major requested	4 digit code
If Dual Major-second major	4 digit code
All Students must be degree or certificate seeking to receiv State College (check only one):	re financial aid. Please indicate your educational goal at Stark
\square To obtain an Associate Degree for the job marke	et
☐ To obtain an Associate Degree for the job marke	☐ To transfer before completing
☐ To obtaina Certificate	☐ To obtain knowledge for personal interest
☐ To train for a new career	☐ Unknown
Student Signature	Date
FOR OFFICE USE ONLY Processed Date Initials	