



Change of Campus Request

Name: _____

Student ID # or Last 4 Digits of Social Security #: _____ Date of Birth: _____

Mailing Address: _____
PO Box or Street Address

City, State, Zip

Day Phone: _____ Evening Phone: _____

Current Campus: Blairsville Clarkesville Currahee

I will be changing campus locations:

Program of Study: _____

New Campus: Blairsville Clarkesville Currahee

Effective: Fall Spring Summer

Year: _____

Signature: _____ Date: _____

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This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.