



**COLUMBIA**  
**STATE** COMMUNITY  
COLLEGE

## Change of Application Term

This form is to be used when a student has applied and chosen the incorrect term on their admissions application.

Complete the form and return it to:

[processing@columbiastate.edu](mailto:processing@columbiastate.edu)

Mail to:

Columbia State Community College  
Enrollment Services  
1665 Hampshire Pike  
Columbia, TN 38401-1315  
Phone: (931) 540-2790

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Last, First, MI)* *(month, day, year)*

Columbia State Student ID or A Number: \_\_\_\_\_

### Change of Term

*New Enrollment Term:*

Spring 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_