

Koniag Education Foundation

Change or Selection of College Form

If previous college doesn't apply to you, please put N/A.

			Student	Information			
Full Name:					Date:		
	Last		First		M.I.		
Address:	Street Address					Apartment/Unit #	
	Street Address					Арактепь от н	
	City				State	ZIP Code	
Phone:				Email			
Previous Co							
	llege Address						
City:		State:		Zip Code:			
Reason for 0	Change:						
Date Change	e Takes Effect:						
			New Collec	ge Information			
School:							
Main Phone	Number: _					_	
Website:							
Outside Sch	olarship Processin	g Department:		 		·····	
Address 1:							
Address 2:							
City:			State:	Zip	Code:		
New Studen	t ID #:	D #: Semester or Quarter Based? :					
	_	_	Disclaimer	and Signature	_		
I certify that	my answers are t						
Signature:				Date:			