

Registrar's Office **Declare of Major/Change in Curriculum**

Please complete this form, sign, date and mail to: Manchester Community College, Registrar's Office, Great Path, MS #13, P.O. Box 1046, Manchester, CT 06045-1046 or fax this form to 860-512-3221.

In order to process your request, we must have on file:

- 1. Your high school transcript or a copy of your original high school diploma.
- 2. Documentation of two each of measles, mumps, Rubella and varicella (chickenpox) vaccines administered at least one month apart.

	MI	Last Name				
Are you applying for financial aid or veterans benefits?		Date of Birth		Banner ID Number		
					State	Zip
Cell Phone Number		Work Phone Number				
				y one designation. — A.A. Degree — Certificate		
	Cell Phone Number		Date of Birth	Cell Phone Number We please selections and the selection of Birth	Cell Phone Number Work Phone Number Please select only one designation.	Date of Birth Banner ID Number State

FOR REGISTRAR OFFICE USE ONLY

Date Student Record Updated/	High School Transcripts/Diploma ☐ Yes	□No	Immunizations	☐ Yes	\square N
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