San Diego City College
Financial Aid A-270
1313 Park Blvd.
619-388-3501

F8-COR

Student Financial Aid

Campus of Record Change Request

Student's information:

_____

Last Name First Name

Student ID# (10 digits): _____

Effective semester/year_____

Campus change to: _____

_____ _____

Student's Signature Today's Date

Financial Aid Office Staff:

Received by: _____ Date: _____

TITLE IX Disclaimer

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below.
For details and contact information: F-18_Title-IX-SDCCD.pdf

SDCCD Board Policy 3410