

Students can register for classes at any of the three colleges regardless of the students' selected Home College. Students should complete this form **ONLY** if they wish to change the location where they receive their services and programs. Home College changes may be requested once per term. If the form is submitted after the first day of the current term, the Home College change will take effect prior to registration for the next term.

Last Name	First Name	M.I.	RCCD ID Number
Date of Birth	(        ) Phone Number	RCCD Student Email Address	

1. **Term of Planned Home College Change:** SUM    FAL    WIN    SPR    Year: 20\_\_\_\_\_
2. **Current Home College:**        MVC    NOR    RCC                    **Current Program of Study:** \_\_\_\_\_
- Requested Home College:**        MVC    NOR    RCC                    **Requested Program of Study:** \_\_\_\_\_
3. **Briefly explain the reason(s) for your request to change your Home College:**

- 
- |  |     |    |
|--|-----|----|
| 4. <b>Are you currently receiving financial aid?</b> | YES | NO |
| <b>Are you receiving EOPS?</b>                       | YES | NO |
| <b>Are you receiving Veterans Services?</b>          | YES | NO |
| <b>Are you receiving CalWORKS?</b>                   | YES | NO |
| <b>Are you an International Student?</b>             | YES | NO |

If you answered YES to any of the above questions, you must obtain the signature of the program coordinator/department **BEFORE** this form can be processed.

**DEPARTMENTS:** Please update the student's record (XSPA, paperwork, etc.) for the requirements of your program/service to reflect the requested Home College.

Student Financial Services		CalWORKS	
EOPS		International Students	
Veterans Services			

5. **Please initial next to each of the following services. By initialing, you are acknowledging that the service will only be available at your selected Home College.**
- |  |                                  |
|--|----------------------------------|
| _____ Student Photo ID                           | _____ Assessment Services        |
| _____ Academic Support Services (tutoring, etc.) | _____ Student Financial Services |
| _____ RTA Services (Riverside Only)              | _____ Counseling Services        |
| _____ Associated Students/Student Government     | _____ Veterans Services          |
| _____ Athletics                                  | _____ EOPS                       |

**By signing below I understand that I will only be able to receive programs and services from my new Home College. Furthermore, it is my responsibility to notify the program coordinators of any other college-specific program of which I am a member of my decision to change my Home College.**

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

A&R USE ONLY	
_____ <i>Initial</i>	_____ <i>Date</i>