



Return Form To: processing@columbiastate.edu

Columbia State Community College
Enrollment Services
1665 Hampshire Pike
Columbia, TN 38401-1315
Phone: 931.540.2790

CHANGE OF APPLICATION TERM

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

Name: _____
Last First MI

Date of Birth: _____

Columbia State ID: A _____

Change of Term:

New Enrollment Term:

Spring 20___ Fall 20___ Summer 20___

Student Signature: _____

Date: _____

Forms will not be processed without a signature!