



North Hennepin
Community College

Student Record Update Form

For current or former students of NHCC

7411 85th Avenue North
Brooklyn Park, MN 55445-2299
Tel: 763-424-0719
www.nhcc.edu
registration@nhcc.edu

Return completed form to Records and Registration (ES 70) or fax to (763) 493-0563.

This form **cannot** be used for admission to the following programs: Health Careers & Graphic Design.
Please contact the Counseling & Advising Office for information before registering for classes.
This form **cannot** be used for changes of name.
Please present a photo ID or original name change certificate in-person to the Records & Registration office.

1. Personal Information

STUDENT ID OR SSN _____ EMAIL _____

NAME _____
FIRST MIDDLE INITIAL LAST

STREET _____ APT _____

CITY _____ STATE _____ ZIP _____ PHONE (_____) _____ - _____

For which **term** would you like to be considered? **Fall** ____ **Spring** ____ **Summer** ____

2. New Major

For which **major** do you wish to be considered? _____

For which **award** do you wish to be considered? **AA** **AS** **AAS** **AFA** **Certificate**

3. Previous College(s) Attended (indicate **none** if no other colleges attended)

1. Name _____ City _____ State _____
2. Name _____ City _____ State _____
3. Name _____ City _____ State _____

4. Previous Degree

None Associates Bachelors Graduate or Professional

If applicable, please indicate which College and when the degree was earned below:

5. **I would like my ID number and Password** Mailed to me Emailed to me Neither

Signature of Student

Today's Date