

COLLEGE of CHARLESTON

OFFICE OF THE REGISTRAR

DATE OF BIRTH CORRECTION

Student Name: _____ Student ID Number: _____
Last First

Incorrect Date of Birth: ____/____/____ **Correct** Date of Birth: ____/____/____
Month Day Year Month Day Year

COPY OF PHOTO ID WITH CORRECT DATE OF BIRTH MUST BE ATTACHED TO THIS FORM.

Student's Signature

_____/_____/_____
Date

RO USE ONLY:

Processed by: _____
(Initials)

Date: _____