



School of Graduate Studies

REQUEST FOR CHANGE OF DATA

(Name, Address, or Phone)

Please fill in appropriate information and print all information clearly.

Date: _____ Student ID#: _____

(PRINT NAME)

***** (NOTE: "CANNOT" USE CAMPUS PO BOX FOR HOME ADDRESS) *****

Please change my address from:

Please change my address to:

Name: _____

Name: _____

Address: _____

Address: _____

Apt#/PO Box _____

Apt#/PO Box: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____

Zip Code: _____

Phone #: _____

Phone #: _____

The address change is for: Local ____ Home ____ Parents ____ Other ____

Student Signature: _____

Admissions Officer: _____