

ADDRESS CHANGE

NEW ADDRESS

Student ID#:	Are you on an F1 or J1 VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:	First:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Country (if not in the US):		
Phone Number: ()	Email Address:	

Graduation Check Information

Do you have a graduation check on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the next two lines below:
<ul style="list-style-type: none"> For which term? Winter (Mar) <input type="checkbox"/> Spring (June) <input type="checkbox"/> Summer (Sept) <input type="checkbox"/> Fall (Dec) <input type="checkbox"/> Year _____ Would you like your diploma address changed to this new address? <input type="checkbox"/> Yes <input type="checkbox"/> No

➔ Student's Signature: _____ **Date:** _____

Office Use Only: 003 _____ By _____ Date _____ Grad Check _____ addchg2/0508bl