

Student Information:

Last Name: _____ First Name: _____
CGU ID #254 - _____ Date of Birth: _____ / _____ / _____
Academic Department: _____ Degree Program: _____
 Current Student Current International Student Alumna/us

Directions: Please complete only the sections relevant to the change you would like to report, then, turn the form in to the Office of Admission and Records.

Name Change to:

Last Name: _____ First Name: _____ Middle Name: _____

Address Change:

New Mailing Address (where you currently receive mail)

Street: _____

Street: _____

City, ST postal: _____

Country (if not U.S.): _____

This is also my permanent address Yes No

New Phone Number

(_____) _____ This phone # is: Permanent Local Work Cell Other

 (required) STUDENT SIGNATURE: _____ DATE: _____

For Office Use Only:

Recorded by Data Services: _____ Date: _____