

**CHANGE OF INFORMATION FORM**

**Please complete this form and it return to the Office of Graduate Studies Old Main Rm101 or**

**Fax to (203) 837-8326 or graduateadmissions@wcsu.edu**

**Print**

**Save**

|  |  |  |
| --- | --- | --- |
| **OLD INFORMATION** | | |
| Student ID# EMAIL: |  |  |
| Last Name |  |  |
| First Name |  |  |
| M.I. |  |  |
| STREET ADDRESS |  |  |
| CITY/STATE/ZIPCODE |  |  |
| TELEPHONE |  |  |
| Notes: |  |  |

|  |
| --- |
| **NEW INFORMATION - Change of Name requires a copy of your marriage license, court order, or driver’s license.** |
| Last Name |
| First Name |
| M.I. |
| STREET ADDRESS |
| CITY/STATE/ZIPCODE |
| TELEPHONE |

**NOTES (office use only):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Signature Date Office Signature Date*

*4/22*