

Name: _____ Student ID: _____

ADDRESS CHANGE

LOCAL ADDRESS (Where you live while attending classes at SVSU)

Street: _____

City: _____ State: _____ Zip: _____

Local Phone Number: (_____) _____ County: _____

Cell/Mobile Phone Number: (_____) _____

HOME ADDRESS (Where you live while not attending classes at SVSU. If same as local, write "SAME")

Street: _____

City: _____ State: _____ Zip: _____

Home Phone Number: (_____) _____ County: _____

Cell/Mobile Phone Number: (_____) _____

Preferred Mailing Address: Local Address Home Address

DEGREE PROGRAM

1ST Major: _____

2nd Major: _____

1st Minor: _____

2nd Minor: _____

Please complete exactly as your audit should read

Student Signature: _____ Date: _____

Processed By: _____ Date: _____