

WESTERN CONNECTICUT STATE UNIVERSITY
Division of Graduate Studies
Change of Information Form
Office: 203-837-8243 Fax: 203-837-8326

Name: Last _____ First _____

Student I.D. # _____

Old Information:

Name _____

Address _____
Street City State Zip Code

Telephone # _____

Email Address _____

Degree/Major _____

New Information:

Name _____

Address _____
Street City State Zip Code

Telephone # _____

Email Address _____

Degree/Major _____

I authorize Western Connecticut State University to make the indicated changes.

Signature

Date

Graduate:
Processed by _____

06-11-2008