University of East-West Medicine

INFORMATION UPDATE FORM

Name: _____ ID#: _____ Date: _____
last first

New Address: _____
street city zip

New Home Phone Number: (_____) _____

New Work Phone Number: (_____) _____

New e-mail address: _____

New Person to Contact
in Emergency: _____
name relation

Phone Number: (_____) _____

New Citizenship Status: ☐ Citizen (naturalized) ☐ Permanent Resident ☐ Visa

Please attach INS documentation relevant to your change in status.

New Language Program*: ☐ English Only ☐ Chinese Only ☐ English / Chinese

New Status*: ☐ Degree Program ☐ Audit Only ☐ Non-degree Program

**This change requires the signature of the Academic Dean.*

Other Update (please explain): _____

_____

Student signature: _____

for office use only

Date received: _____ ☐ Change Approved ☐ Change Denied

Academic Dean's signature (if needed) _____

☐ Change(s) made to computer file initials _____

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Notes: _____

_____

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