



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

OFFICIAL CHANGE OF STUDENT INFORMATION

Please print legibly or type:

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID#: A00 \_\_\_\_\_ Program/Major: \_\_\_\_\_ If Joint Program, Affiliate: \_\_\_\_\_

Please select the type of change you will be making:

Telephone Number Change:

Previous Phone Number

New Phone Number

Table with 2 columns: Previous Phone Number, New Phone Number. Rows: Home Phone #, Daytime Phone #, Cell Phone #.

Address Change:

Permanent Residence

Mailing Address

Previous Address:

New Address:

Table with 2 columns: Previous Address, New Address. Multiple rows for address lines.

Note: If you are changing your permanent address and you will be moving into New Jersey from a previous out-of-state address, you should review our Residency Policy & submit an Application for In-state Residency to Enrollment Services. \* Also if your new address is only temporary, you will need to complete a new form when you move (even if you return to your old address).

\* Changes to Billing and Financial Aid contact information should be directed to the respective department

E-Mail Address Change:

Previous Preferred E-mail Address(es):

New Preferred E-mail Address(es):

Table with 2 columns: Previous Preferred E-mail Address(es), New Preferred E-mail Address(es). Rows for email addresses.

\* All UMDNJ matriculated students will be expected to activate and use their UMDNJ e-mail account.

Change of Student Data Comments:

Large empty box for student data comments.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return form to School of Nursing Enrollment Services • 65 Bergen Street, Room 152 • PO Box 1709 • Newark, NJ 07107

Phone: 973-972-5336 • Fax: 973-972-7453

ENROLLMENT SERVICES USE ONLY

Enrollment Services signature \_\_\_\_\_ Date Processed \_\_\_\_\_