

Office of Graduate Studies & Extended Education
McKelvie Hall, 102 Rosedale Avenue
West Chester, PA 19383
610-436-2943

CHANGE OF ADDRESS/STUDENT DATA FORM

Please Print

Name: Mr. Mrs. Ms. _____

WCU ID #: _____

Mailing Address:

Street _____ Apt. # _____

City _____ County _____

State _____ Zip Code _____

Home Phone No. (____) _____

Local Address:

Street _____ Apt. # _____

City _____ County _____

State _____ Zip Code _____

Home Phone No. (____) _____

Birth Date: _____

Signature of Student _____ Date _____

Please note:

If you are changing your social security number, please supply a photocopy of your new social security card.

If you are changing your name, please supply a photocopy of the relevant court-generated document.

This form is **not** used to change residency status