



CHANGE OF BIOGRAPHICAL INFORMATION

EFFECTIVE DATE: _____

Student Name: _____ **Program:** _____

Academic Year: _____ **Academic Term:** _____

IF GRADUATED YEAR OF GRADUATION: _____

ADDRESS CHANGE:

NEW Address: _____
Street Address *Apartment/Unit #*

City, State, ZIP Code

Phone Number: _____

Email Address: _____

NAME CHANGE:

UPDATED NAME: _____

NOTE: ALL NBTS DOCUMENTS WILL BE CHANGED TO THE UPDATED NAME. THE REQUEST MUST BE ACCOMPANIED BY A GOVERNMENT ID, A MARRIAGE LICENCE, OR COURT DOCUMENT. DOCUMENTATION MUST BE PRESENTED TO THE REGISTRAR.

STUDENT SIGNATURE: _____