COLLEGE FOR CREATIVE STUDIES
NAME/ADDRESS CHANGE FORM

Date

Name [Current] Student I.D. Number

New Name [As you wish it to appear on file. Legal documentation, i.e. a copy of the marriage license, divorce document, etc. must accompany this form in order to process this change.]

EMAIL ADDRESS: ________________________________

Are you an international student studying in the U.S. on an F-1 visa? □ Yes □ No

PREFERRED MAILING ADDRESS: Select One □ Local □ Permanent

[The Preferred Mailing Address designates that during the regular academic school year most CCS mail (official notices, etc…) will be sent to the preferred mailing address.]

LOCAL ADDRESS: [Where you will be living while attending classes.]

Local Address Local City Local State

Local Zip Code Local Phone Number Cell Phone Number Date this address expires

PERMANENT ADDRESS: [Where we will be able to contact you while school is not in session. In addition, all tuition statements are mailed to this address unless indicated otherwise in the Billing Address below.]

Permanent Address Permanent City Permanent State

Permanent Zip Code Permanent Phone Number Cell Phone Number

BILLING ADDRESS: [Where we will be mailing your tuition statements. If no information is given here, your bills will be mailed to your permanent address listed above.]

Billing Name Billing Address Billing City

Billing State Billing Zip Code Billing Phone Number Cell Phone Number

Student’s Signature/Date

Return to: CCS, Academic Advising & Registration, 201 E. Kirby Street, Detroit, MI 48202-4034 or FAX form to (313) 872-1521

Registration Office Use

□ Computer Entered Date/Initial______ □ Copy sent to International Student Services?

Revised 09/30/08