

NAME/ADDRESS CHANGE

Name: _____

Student ID#: _____ Phone Number: _____

NAME CHANGE

New Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div> <p style="text-align: center;">You must attach a copy of the legal documentation supporting the name change (i.e. a copy of the marriage license, divorce document, etc.)</p> <p>Reason for name change: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Name Change <input type="checkbox"/> Other (specify) _____</p>		
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Are you an international student studying in the U.S. on an F-1 visa? Yes No

ADDRESS CHANGE

Please list address, city, state, zip code

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.	Preferred Mailing Address
Where you will be living while attending classes.	Local Address
Where we will contact you when school is not in session. In addition, all tuition statements mailed are to this address <u>unless</u> indicated otherwise in the Billing Address below. Please note: Student Housing rooms cannot be reported as permanent addresses.	Permanent 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 Address

Student's Signature: _____ Date: _____

<p><i>For AARO Use:</i></p> <input type="checkbox"/> Computer Entered <input type="checkbox"/> International Student Services Office Notified of Change (if student is international studying on F-1 visa) <p>AARO's Signature/Date: _____</p>	<p>Return to: Academic Advising & Registration Office College for Creative Studies 201 East Kirby Street, Detroit, MI 48202 Phone: (313) 664-7672 Fax: (313) 664-7649</p>
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