



AZM UNIVERSITY

STUDENT CHANGE OF INFORMATION FORM

Name ID#
Last First Middle

Faculty Major Semester/Year

Email Telephone # Mobile

Request to change: Address Nationality Telephone/Email Emergency contact
 Marital status Others:

Previous information:

.....
.....
.....

New information (if applicable, attach supporting documents to this form):

.....
.....
.....

I, the undersigned, declare that the information presented in this application is accurate and complete. I as well understand that withholding or misrepresenting any information renders me legally liable.

Student's Signature: Date:

Registrar's Office Use Only:	
Date Received	<input type="checkbox"/> Approved
Date Processed	<input type="checkbox"/> Return to Advisor
Processed By	Signature