

Office of International Programs

400 South Orange Ave., South Orange, NJ 07079

Phone: (973) 761-9072; Fax: (973) 275-2383

Email: oip@shu.edu

CONTACT UPDATE SHEET

Students must notify OIP within ten (10) days of any change to your physical address or contact information. This is a requirement of the U.S. Government.

DATE:	STUDEN	Γ ID #:	
FAMILY/LAST NAME:			
FIRST NAME:			
CELL PHONE N	NUMBER (in the U.S.):		
SHU E-MAIL A	DDRESS:		
PERSONAL E-	MAIL ADDRESS:		
CURRENT ADI	DRESS IN U.S.: (where you ph	ysically live in the U.S.)	
STREET ADDR	ESS:		
APT #:	CITY: STATE:		
ZIP CODE:			
STREET ADDR		DDOWNCE.	
		PROVINCE:	
ZIP CODE:			
EMERGENCY (CONTACT:		
FAMILY/LAST	NAME:		
FIRST NAME:			
RELATIONSHI	P TO STUDENT:		
CELL PHONE N	NUMBER:		
In which coun	try does this person live?		