



F-1 Change of Information Form

This form is to be completed and returned to the International Student Office within 10 days of changing your information. If you are an F-1 student on OPT, please attach a copy of your Employment Authorization Document (EAD). Please check the corresponding box related to the changes on your I-20.

Date: _____ **Union ID#:** _____

Family Name: _____ **First Name:** _____

Change of Contact Info

Local Telephone #: _____ Email Address: _____

Change of Educational Information

Level (check one) Bachelor Masters **Major** _____

Program Extension Anticipated Graduation Date _____

Change of Status From _____ to _____ Effective Change Date: _____

Change of Local Address

New Local Street Address: _____

City: _____ State: _____ Zip Code: _____

Change of Home Address

New Home Country Street Address: _____

City: _____ City Code: _____

State/Province: _____ Country: _____

Home Country Tel. #: _____ Home Country Email: _____

Student Signature: _____

Please return this form to: International Student Office

UU #429, 1050 Union University Dr.

Jackson, TN 38305

Fax: (731)661.5175

International Student Office Use Only:

DSO Signature: _____ **Date:** _____

Effective Change Date in SEVIS _____