International Program Center

Address Change Form

Deputy Hall, Room 111, #13 Bemidji, MN 56601 218-755-4096 studybemidji@bemidjistate.edu

PRINT, NEATLY, PLEASE!

BSU ID#:	E	Effective Date:		
Last Name:	First Name:	Middle Name:		
Former Address:				
Email:	Tele	Telephone:		
I certify that all the informa resulting from this change.	tion listed above is true and acc	rurate. I understand that I am respons	ible for any error	
	STUDENT SIGN	ATURE		
		_		

OFFICE USE ONLY (Date & staff initials)			
ISRS updated on :	By:		
SEVIS updated on :	By:		
Scanned and filed on :	By:		