



UCI INTERNATIONAL CENTER

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CHANGE OF ADDRESS FORM

BIOGRAPHICAL INFORMATION

TODAY'S DATE

LAST NAME (as it appears in passport)

FIRST NAME (as it appears in passport)

UCI STUDENT ID#

STATUS

STUDENT SCHOLAR

NEW CONTINUING OPT

VISA TYPE

F-1 J-1 H-1B OTHER: _____

UPDATED INFORMATION

NEW ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

HOME #

CELL #

WORK #

E-MAIL ADDRESS

UCI E-MAIL

OTHER E-MAIL

Date Received: _____ Updated by: _____ Updated on: _____