



Office of International Students and Scholars
Change of Information

Name: _____
Last/Family First Middle

Student ID: **A** _____

Local Address: _____
Number / Street Apartment No.

City State Zip

Birth Date: ____ / ____ / ____
Month Day Year

Gender: Female Male

Aggie E-mail: _____

Visa Type: _____

Other Email: _____

Local Telephone: _____

Home Country Address: _____
Number / Street

City Province / Territory

Postal Code Country

Major: _____

Minor: _____