

CHANGE OF ADDRESS

Student Information

Student ID#: _____ Semester: _____ Year: _____

Name: _____
 First Middle Last

Email Address: _____@sunymaritime.edu Phone: _____

Class: Freshman Sophomore Junior Senior Graduate

Change of Address Information

Old Address

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone Number: _____

Home/Permanent Address or Local/Mailing Address

New Address*

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Telephone Number: _____

Home/Permanent Address or Local/Mailing Address

*If you are a foreign student, on a visa, your permanent residence must remain as your foreign country and only your local residence address may change. The student must also notify the SUNY Maritime College International Student Coordinator located on campus concerning any changes.

Note: Changing your address from one state to another does not imply change of residency for tuition rate purposes. Please see the Student Accounts webpage for tuition residency policy.

By signing below you confirm that the changes provided are accurate and correct:

Student Signature: _____ **Date:** _____

This form along with any required documentation must be submitted to the Office of the Registrar. Please allow 1-2 days for processing.

Office of the Registrar