



CONTACT INFORMATION SHEET FOR STUDENTS APPLYING FOR A CHANGE OF STATUS

Please complete the following REQUIRED information:

New Paltz ID Number: N _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Last name (Surname): _____

First name (Given name): _____

Email address: _____

City of birth: _____

Foreign address: _____

Foreign phone number: _____

US address (if any): _____

US phone number (if any): _____

Please email this form to International Student Programs: international@newpaltz.edu or to the adviser you are working with regarding your Change of Status.