

UNIVERSITY OF THE SCIENCES IN PHILADELPHIA

REGISTRAR'S OFFICE

CHANGE OF STUDENT INFORMATION

This form must be SIGNED by the student. Please print information legibly.
USP employees should NOT use this form. Please contact Human Resources.

NAME: _____ DATE: _____

USP ID # OR Social Security # _____

CHECK OFF THE APPROPRIATE BOX(es)

[] LOCAL ADDRESS (school address)

[] PERMANENT ADDRESS (home address)

NOTE: Official USP mail (e.g.- bills, grades, schedules) is mailed to the Permanent Address
Campus Residence Halls may NOT be used as Permanent Address

[] TELEPHONE NUMBER (please indicate if mobile/cellular phone)

FROM: _____

TO: _____

TELEPHONE _(____) _____

TELEPHONE _(____) _____

[] Check here if this is mobile/cell phone

[] NAME CHANGE* (A name change will also cause a change in USP email address and network,
Blackboard, Web Advisor logins. This process will occur over a period of one week. Check
Web Advisor for new login.)

[] SOCIAL SECURITY NUMBER CHANGE*

*Supporting Documentation Required (e.g.- copy of marriage license, court order, INS decree)

FROM: _____

TO: _____

Submit completed form to the USP Registrar's Office: Whitecar Hall Suite 1100 or fax to 215-596-8819

Signature of Student _____ Date: _____

FOR REGISTRAR'S OFFICE USE
Date of Change: _____
Initials _____