



**Department of Computer Science & Electrical Engineering**

**Graduate Student Change of Address/Phone Number Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program Enrollment In: CMPE \_\_\_\_\_ CMSC \_\_\_\_\_ ENEE \_\_\_\_\_

Degree Sought: MS \_\_\_\_\_ PhD \_\_\_\_\_

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**NEW ADDRESS:**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zipcode: \_\_\_\_\_

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**CHANGE OF PHONE NUMBER:**

New Phone Number: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_