



Complete this form within **10 DAYS** of changing your address.

Surname/Primary Name: _____ **Given Name:** _____

(Note: If you have only 1 name, enter it as the Surname/Primary Name. First, Middle and all other names should be entered as the Given Name)

Last 4
VT ID# xxxx-x _____ SEVIS ID# N00 _____ Email: _____@vt.edu

U.S. Phone # _____ Foreign Phone # _____ I do not have a phone #

New Address:
Street: _____ Apt/Suite # _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

*Please update your **Foreign Address:***

Street, Road, PO Box: _____

City: _____ Province: _____ Country: _____

Mail Code: _____

Return this form to:

International Graduate Student Services
Graduate Life Center at Donaldson Brown 120

Phone 540-231-8486 Fax 540-231-3714

E-mail: igss@vt.edu