Southern Connecticut State University OFFICE OF INTERNATIONAL EDUCATION

			Date:		
Information Update Form					
Name:		SCSU ID#	:		
Name:Last (Family Name) First (Given Name) Middle	e	0.000 //	- <u></u>		
Major:	Semester:	□Spring 20	0	□ Fall 20	
Status: 🗆 Undergraduate 🗆 Graduate		Gender:	□ Male	□ Female	
Country of Citizenship:	Email:				
U.S. Mailing Address:					
Street	City		State/Pr	ovince	
Cell Phone:	Postal Code:				
Emergency Contact Information					
	Relatio	unshin:			
Name:Last (Family Name) First (Given Name)					
Telephone: Country Code City Code Number	Email	Email Address:			
Address: Street	City		State/Pr	rovince	
Country:	Postal	Code:			
U.S. Emergency Contact Information					
Name:	Relatio	Relationship:			
Last (Family Name) First (Given Name)					
Telephone: Country Code City Code Number	Email	Address:			
Address: Street	City		State/Pr	covince	
Country:	Postal	Code:			

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