

CE Student Profile Change Form

When filling out this form, please complete all required fields which are denoted in red text. After completed, please return this form by mail to Hofstra University Continuing Education Oak Street Center, 255 Hofstra University, Hempstead, NY 11549-2550, Attention: Registrar

The undersigned deposes and says that his/her name and contact information as currently recorded on the official Hofstra University Continuing Education record is:

***FIELDS WITH AN ASTERISK ARE REQUIRED**
STUDENT INFORMATION:

*Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
*Street Address	<input type="text"/>				
*City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
*Daytime Phone #	<input type="text"/>	*Evening Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
E-Mail Address	<input type="text"/>	Student ID	<input type="text"/>		

Note: Student ID 700 numbers were ONLY issued commencing January 2009.

***Kindly indicate the type of change(s) required to your Student Account, check all that are applicable.**

Change Student Name The undersigned now wishes the form of his/her name in Hofstra's Continuing Education records to be changed to:

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
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- for reason(s) checked: Marriage - original certificate or copy must be shown
 Divorce - original decree or copy must be shown
 Other - appropriate documentation required

If Other - state reason

Change of Address The undersigned now wishes the form of his/her address in Hofstra's Continuing Education records to be changed to:

Street Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>

Phone Number(s) The undersigned now wishes the form of his/her phone #'s in Hofstra's Continuing Education records to be changed to:

Daytime Phone #	<input type="text"/>	Evening Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>
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E-mail Address The undersigned now wishes the form of his/her e-mail in Hofstra's Continuing Education records to be changed to:

E-Mail Address	<input type="text"/>
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IMPORTANT:

Your signature is required in order to process this request. If there are any questions, please call (516) 463-7200.

Thank you.

*Student's Signature

*Date

For Office Use Only		
Date	<input type="text"/>	<input type="text"/>
Initials	<input type="text"/>	<input type="text"/>