TO: WCGSMS Students

FROM: Weill Graduate School of Medical Sciences

RE: Change of Address

_____________________________________________________________________________

Since it is at this time of the year that most changes of addresses occur, we would like to
remind you that it is of utmost importance that this office be promptly informed of such changes,
as well as of new telephone numbers (home, cell or laboratory).

Please use the tearsheet below for your convenience in providing this information.

_____________________________________________________________________________

STUDENT’S NAME:

__________________________________________________________________________

NEW ADDRESS:

__________________________________________________________________________

__________________________________________________________________________

CURRENT TELEPHONE NUMBERS:

HOME: ________________________ CELL: ________________________

LAB: ________________________

MAJOR/TEMPORARY SPONSOR: _________________________________

PROGRAM OF STUDY: _________________________________