



DELAWARE VALLEY UNIVERSITY

Change of Address

STUDENT ID: _____

DATE: _____

NAME: _____

DATE OF BIRTH: _____

MAJOR: _____

STATUS: _____

(i.e. Freshman, Graduate)

Professional Licensure Notification requirement:

Students changing their permanent address to a state outside Pennsylvania who are in the following programs are required to be notified of the status of the associated certification in that state. As part of the change of address process students in the following programs must notify us if they are in any of the following programs and changing their permanent address to reside outside of Pennsylvania. Undergraduate majors and programs include: **Certificate in Accounting, Business Administration: Accounting and all Secondary Education** majors. Graduate programs include: **Counseling Psychology, Doctor of Education, Graduate Education STEM Specialization, MS Educational Leadership, MS Special Education, Autism Spectrum Endorsement, Certification of School Administration, Certification-Supervisor of Curriculum & Instruction, Supervisor of Special Education Certification, Post-Graduate Superintendent Letter of Eligibility.**

I am changing my state of residency and currently in one of the above listed programs : YES____ NO____

PERMANENT ADDRESS CHANGE:

***THIS WILL BE THE PERFERRED ADDRESS FOR ALL MAILING**

STREET ADDRESS: _____

APT NO.: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ - _____

CELL PHONE: () _____ - _____

E-MAIL ADDRESS: _____

LOCAL OFF CAMPUS ADDRESS CHANGE:

STREET ADDRESS: _____

APT NO.: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ - _____

CELL PHONE: () _____ - _____

OFFICE USE ONLY

ENTERED BY: _____

DATE: _____