

# STUDENT/ALUMNI CONTACT UPDATE FORM

OFFICE OF THE REGISTRAR/STUDENT SERVICES



**Illegible forms will cause delays.**

Please provide the following information completely to assist us with updating your contact information in a timely manner.

## REQUIRED DOCUMENTATION

- If your name or citizenship has changed, please submit one of the respective relevant documents with this form:
  - **Court Order**
  - **Government document or Marriage Certificate** reflecting this change
- Not providing proof of this change will mean that Roseman University cannot honor the name change.
- Updating your name will not change transcripts. We retain your legal name on file at the time of withdraw/graduation from Roseman.

## SUBMISSION OPTIONS

**Fax: (702) 968-1643**

**Email: registrar@roseman.edu**

- **IN PERSON:** Take completed contact update to Registrar/Student Services Office on respective campus.
- **BY FAX:** Fax completed contact/alumni update form to: (702) 968-1643
- **BY EMAIL:** Email completed form (hand-signed/dated) to [registrar@roseman.edu](mailto:registrar@roseman.edu)
- **BY POSTAL MAIL:** Form should be mailed to either:

**HENDERSON CAMPUS:** Roseman University of Health Sciences  
Office of the Registrar/Student Services  
Attn: Student/Alumni Contact Update  
11 Sunset Way  
Henderson, NV 89014

**SOUTH JORDAN CAMPUS:** Roseman University of Health Sciences  
Office of the Registrar/Student Services  
Attn: Student/Alumni Contact Update  
10920 S. Riverfront Parkway  
South Jordan, UT 84095

## PROCESSING

**Normal processing time is 5-7 business days, but during peak periods, it could be longer.**

- We do **not** provide expedited processing.
- An email confirmation will be sent to your student email address when the request has been processed.

## STUDENT/ALUMNI CONTACT INFORMATION

Last Name	First Name	MI	Student ID # 0000 _____
Previous Address			Student Email @student.roseman.edu
City		State	Zip

## CAMPUS AND PROGRAM INFORMATION

HENDERSON CAMPUS     SOUTH JORDAN CAMPUS

<b>DENTAL:</b> DMD Class of 20 _____  <b>ORTHO:</b> AEODO Class of 20 _____	<b>MBA:</b> MBA Class of 20 _____	<b>NURSING:</b> <b>ABSN:</b> Feb, Class of 20 _____ July, Class of 20 _____ Aug, Class of 20 _____ Oct, Class of 20 _____ <b>BSN:</b> Class of 20 _____	<b>PHARMACY:</b> Pharm Class of 20 _____ Pharm/MBA Class of 20 _____	<b>WITHDREW:</b> Year Withdrawn: 20 _____
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## UPDATED CONTACT INFORMATION *(Only complete what needs to be updated)*

Last Name	First Name	MI
Home Phone Number	Cell Phone Number	
Alternate E-mail Address		

## ADDRESS INFORMATION **My preferred mailing address is my** LOCAL **OR** PERMANENT ADDRESS *(check one)*

Local Address	City	State	Zip
Permanent Address	City	State	Zip

Emergency Contact Name	Relationship	Phone
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I understand by signing this form the information is complete and correct. If any of the above information changes while in attendance at Roseman University, I will contact the Registrar/Student Services office immediately by completing a new form.

**STUDENT/ ALUMNI SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Hand-Signature must be on form for processing)

8/2/16