

**California Institute of Integral Studies  
1453 Mission Street  
San Francisco, CA 94103  
CHANGE OF ADDRESS FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ARE YOU AN INTERNATIONAL STUDENT?    Yes    No

RELATIONSHIP TO CIIS (Please check EACH that applies):

Student Worker     Student     Alumnus     Faculty     Staff     Other(specify)\_\_\_\_\_

PROGRAM and/or JOB TITLE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

Zip Code: \_\_\_\_\_

NEW TELEPHONE: Home:(\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CIIS Extension: \_\_\_\_\_

NAME CHANGE (must be accompanied by a legal court document, not a driver's license):

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Please route this form as soon as possible.

**Please indicate that your department has noted the above change by recording your initials and the date in the space provided. Then route the form to the next department on the list.**

| DEPARTMENT  | CHANGE NOTED BY | DATE  |
|---|-----------------|-------|
| 1. Inquiry/Admissions<br>Registration/Business Office | _____           | _____ |
| 2. Financial Aid                                      | _____           | _____ |
| 3. International Student Advisor                      | _____           | _____ |
| 4. Program  | _____           | _____ |
| 5. Library  | _____           | _____ |
| 6. Human Resources                                    | _____           | _____ |
| 7. Continuing Education                               | _____           | _____ |

**PLEASE RETURN THIS FORM TO THE REGISTRATION OFFICE WHEN ALL DEPARTMENTS HAVE MADE THEIR NOTATION. THANK YOU.**