



ALHAMBRA
MEDICAL UNIVERSITY

Office of Admission
2215 W. Mission Rd., 2F
Alhambra, CA 91803
Tel: 626-289-7719
Fax: 626-289-8641

CHANGE OF PERSONAL INFORMATION FORM

Student ID #: _____

Name: _____
Last (姓) First (名) Middle (中間名)

New Name: _____
Last (姓) First (名) Middle (中間名)

Updated Address:

Updated Phone #: _____ **SSN:** _____

Updated E-Mail Address: _____

Student Signature

Date

University Registrar

Date