

## International Student Update Information Form

TERM: FALL ☐ SPRING ☐ SUMMER ☐ YEAR: 20\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APARTMENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (DAY TIME): \_\_\_\_\_

PROGRAM: \_\_\_\_\_

WCCCD EMAIL ADDRESS: \_\_\_\_\_

### FOR CANADIAN STUDENT USE ONLY

MUNICIPALITY: \_\_\_\_\_ PROVENCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please submit the completed form to:*

Wayne County Community College District  
Office of International Programs and Global Partnerships  
801 West Fort Street, Detroit, MI 48226  
or email to [ipgp@wcccd.edu](mailto:ipgp@wcccd.edu)