



ROWAN-VIRTUA
School of
Osteopathic Medicine

ADDRESS/TELEPHONE CHANGE FORM

Name: _____

Rowan ID: _____

Class Year: _____

New Address: _____

Change (check all that apply):

☐ Address where residing

☐ Permanent Address

☐ Mailing Address

Cell Phone: _____

Alternate Phone: _____

Effective Date: _____

Student Signature

Date

THIS CHANGE IS FOR THE REGISTRAR'S OFFICE ONLY. TO CHANGE THE ADDRESS FINANCIAL AID HAS ON FILE PLEASE CONTACT THEM.

Return completed form to: Rowan-Virtua SOM Office of the Registrar
Phone (856) 566-7055
Fax (856) 566-6475
somregistrar@rowan.edu