

Notification of Changes in Personal Information

It is imperative for you to notify us immediately if you have any changes to the information that you submit on your original application. We need to know of all name, address, telephone number, and e-mail address changes. Our communication with you is very important and we would appreciate notification as soon as possible if changes to any of the following occur.

(Please fill out your social security number and any information that is different from the original information on your application.)

Social Security #: _____

Full Legal Name: _____
(Last) (First) (Middle)

Previous/Other Last Name(s): _____

Permanent Address: _____

(City) (State) (Zip)

Mailing Address: _____
(if different from above)

(City) (State) (Zip)

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Any applicants with changes, please fill out and return to:

Baptist College of Health Sciences
1003 Monroe Avenue
Memphis, TN 38104

Attn: Admissions Office