



**KERNEL UNIVERSITY**

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## CHANGE OF ADDRESS FORM

### 1. Personal Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 2. Program of Study

- ☐ Bachelor of Theology (B.Th)    ☐ Master of Divinity (M.Div)    ☐ Doctor of Ministry (D.Min)  
☐ Business Administration (BSBA)

### 3. New Address

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

a. New Phone: \_\_\_\_\_

b. New Email: \_\_\_\_\_

### 4. Old Address

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

The effective date of my change of address is: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date