



International Center
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CHANGE OF SEMESTER FORM

Instructions for completing an electronic application form:

1. Please type your answers in the space provided for each item.
2. Print the completed form and submit to the International Center by fax or mail.

Name: _____
(Last Name) (First Name)

UMID: _____ Phone Number _____ Email _____

Present Address _____
(Number & Street) (Apt)

(City) (State) (Postal Code) (Country)

Semester originally applied for:

Winter (Jan to Apr) Spring (May-June) Summer (June to July) Fall (Sept to Dec)

Please move my file to the semester checked below:

Winter (Jan to Apr) Spring (May-June) Summer (June to July) Fall (Sept to Dec)

(Signature)

(Date)