



**ROBERT WOOD JOHNSON
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

Robert Wood Johnson Medical School
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Robert Wood Johnson Medical School
Office of the Registrar
401 Haddon Avenue, Suite 154
Camden, NJ 08103-1506
FAX: 856-968-6205

CHANGE OF ADDRESS

Note: If you are a **NJ Resident for tuition purposes**, if you have both Mailing and Permanent Addresses, the Permanent Address **MUST** be in NJ. If you only have a Mailing Address, it **MUST** be in NJ. If your mailing address is temporarily out-of state, then you **MUST** have a Permanent Address in NJ. Otherwise your tuition status will change to out-of state Non-Resident.

Fill in changes only

PRINT NAME _____ ID # _____

CLASS OF _____ PISC, CAMDEN (circle one) DATE _____

(MA) Mailing address:

STREET _____

CITY _____ STATE _____ ZIP _____

CELL PHONE NUMBER (_____) _____ (very important)

(PR) PERMANENT Address (if different from Mailing Address):

STREET _____

CITY _____

TELEPHONE NUMBER (_____) _____

Optional (GU) Parent Address:

STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (_____) _____

ADDITIONAL INSTRUCTIONS _____