

Date: _____

**AGREEMENT
NOTICE OF CHANGES**

I, (Last Name, First Name) _____,

a participant Retraining Program for Immigrant Engineers, promise to notify in writing Cooper Union within thirty (30) days of any change in my **address, telephone number, employment status, salary, employer's name and/or location.**

I understand that this information will be confidential and is to be used only for statistical purposes to support Retraining Program for Immigrants

I understand that this information, especially job-related data, is critical to the Program's ability to continue offering low-cost education classes.

Signature: _____

Social Security Number: _____

Term: _____

One copy: to participant