

Student Change of Information Form

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STUDENT ID NUMBER

- I am a Program Student with MAIS GDL D HERM
 I am a Non Program Student with MAIS GDL D HERM

Name: _____
Last First Middle

Effective Date: _____

Change of Address

Old Address
 Address: _____

New Address
 Address: _____

City/Town: _____

City/Town: _____

Province/State: _____ Postal/Zip Code: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Country: _____

Change of Telephone and Fax Numbers

Old Telephone and Fax Numbers
 Telephone Residence: (_____)
area code

New Telephone and Fax Numbers
 Telephone Residence: (_____)
area code

Telephone Business: (_____)
area code

Telephone Business: (_____)
area code

Fax Number: (_____)
area code

Fax Number: (_____)
area code

Change of E-mail Address

Old E-mail Address
 E-mail address (home): _____

New E-mail Address
 E-mail address (home): _____

E-mail address (work): _____

E-mail address (work): _____

Change of Name Declaration

I, (name as currently listed on the Academic Record): _____ do solemnly
Last First Middle

declare that I have officially changed my name from the above to: _____
Last First Middle

and request that the name on my academic record be amended to reflect this change.

I acknowledge that my former name shall remain a part of my official academic record and may be reported on official documentation such as transcripts.

I certify that the information provided above is true and complete in all respects and that no relevant information has been withheld. I understand that the provision of false or incomplete information may result in discipline under Athabasca University's Student Code of Conduct and Right to Appeal Regulations.

The personal information collected on this form will be used for the purpose of processing your request for change of information and is collected under the authority of section 33 (c) of the Alberta Freedom of Information and Privacy Act. The collection of this personal information is necessary for operating and administrating the services of the Office of the Registrar. If you have any questions about the collection and use of this information, contact the Centre for Integrated Studies, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3 Telephone: 1-780-675-6792.

Signature: _____ Date: _____

Mail, fax or deliver the completed form and fees to: Centre for Integrated Studies
 Athabasca University
 1 University Drive
 Athabasca, Alberta T9S 3A3
 Canada
 Telephone: 1-800-788-9041 (ext. 6792)
 Fax: 1-780-675-6921