

GRADUATE PROGRAMS
Student Change of Information Form

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STUDENT ID
NUMBERName: _____
Last First Middle

Effective Date: _____

Change of Address

Old Address

Address: _____

City/Town: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

New Address

Address: _____

City/Town: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Change of Telephone and Fax Numbers

Old Telephone Numbers

Telephone Residence: () _____
area codeTelephone Business: () _____
area code

Fax Number: _____

New Telephone Numbers

Telephone Residence: () _____
area codeTelephone Business: () _____
area code

Fax Number: _____

Change of E-mail Address

Old E-mail Address

E-mail address (home): _____

E-mail address (work): _____

New E-mail Address

E-mail address (home): _____

E-mail address (work): _____

Change of Name Declaration

I, (name as currently listed on the Academic Record): _____ do solemnly
Last First Middledeclare 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 have submitted the official documentation as required (e.g. marriage certificate, legal name, change documentation, decree absolute, etc.)

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 the University's academic conduct policy.

Mail, fax or deliver the completed form to: Graduate Programs

Centre for Nursing and Health Studies
Athabasca University
1 University Drive
Athabasca AB T9S 3A3
Canada

Phone: 1-800-788-9041 (ext. 6381)

Fax: 780-675-6468

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 Director, Centre for Nursing and Health Studies, Athabasca University, 1 University Drive, Athabasca, AB T9S 3A3 Telephone: (780) 675-6381.

Student's Signature: _____

Date: _____