

CHANGE OF INFORMATION FORM

The Registrar's Office info@stmu.ca Administration Building, 1st Floor

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SECTION 1: To be completed by the student															
STUDENT INFORMATION															
Student ID #	0	0	0	0											
Last Name										First Name					
This is a change of O Name (Fill out Section 2) O Contact Information (Fill out Section 3)															
	SECTION 2: Name Change														
SECTION 2: Nam	nge														
Updated Last Name						Updated First Name			ame			Updated Middle Name			
Please attach copies of documentation indicating an official change of name. Ex. Drivers License, Passport.															
SECTION 3: Contact Information Change															
Updated Street Address															
City							Province					Postal Code			
Updated Phone Number(s)															
Updated Email Address															
Student Signature_	Student Signature											Date			
SECTION 4: To b		alatad	by the	- Faral	mont Co	n dood	o O#ic	205							
SECTION 4: To be completed by the Enrolment Services Officer															
Date Received										Approved O De	enied (0			
Date Processed										Staff Initials					
Notes															

Privacy Statement