



**CHANGE REQUEST FORM**

FULL NAME	
EMAIL ADDRESS	PRIMARY TELEPHONE
TERM/YEAR	DATE
<b>CHANGE OF PROGRAM</b>	
REGISTERED PROGRAM	THE PROGRAM YOU WISH TO CHANGE TO
PLEASE STATE THE REASON FOR CHANGING PROGRAM	
<b>CHANGE OF PERSONAL INFORMATION</b>	
<b>*A government issued ID would be required if you wish to update your name and birthday.</b>	
SELECT AND FILL IN THE INFORMATION YOU WOULD LIKE TO UPDATE	CORRECT INFORMATION
<input type="checkbox"/> *FULL NAME	
<input type="checkbox"/> *BIRTHDAY	
<input type="checkbox"/> *CITIZENSHIP	
<input type="checkbox"/> EMAIL ADDRESS	
<input type="checkbox"/> MAILING ADDRESS	
<b>OTHER CHANGE REQUEST</b>	
<b>*OFFICE ONLY</b>	

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_