UNIVERSITY OF GUELPH HUMBER

Notice of Change of Address (Alumni)

PERSONAL INFORMATION	
Student Number:	**Program:**
First Name: **Last Name:**	
Email address:	
Phone number:	**Date:**

Old Address		
Street		**Apt #**
City	**Province**	**Postal Code**

New Address		
Street		**Apt #**
City	**Province**	**Postal Code**

Applicant Acknowledgement	
Applicant Signature:	**Date:**

Please submit your form to advisors@guelphhumber.ca.

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