

NOTICE OF CHANGE OF NAME

**Indicates fields that MUST BE COMPLETED in order for the form to be processed*

A. *PERSONAL INFORMATION		
Student #	Check appropriate semester: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	Year (i.e. 2014)
Program (ex Business)	Home Phone Number ()	
University of Guelph-Humber Email _____@guelphhumber.ca		
Do you expect to graduate within the next three months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. *CURRENT NAME ON FILE	
Check appropriate title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	
Surname	Given Name

C. *CHANGE OF NAME TO	
Check appropriate title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	
Surname on documentation	Given Name on documentation
<p>Original documentation must be provided with form Acceptable documents are defined as follows: Birth or baptismal certificate, Marriage/separation/divorce documents, Passport, Change of name certificate as issued by a court, or A Statutory Declaration Form</p>	

D. APPLICANTS ACKNOWLEDGEMENT	
*Applicant Signature	*Date

**Submit completed form:
In person with ORIGINAL documentation
GH 108 – Student Services**

FOR OFFICE USE ONLY:	
Date Received	Date Processed