

NOTICE OF CHANGE OF ADDRESS

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

*Student #	Check appropriate semester: Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year (i.e. 2014)
A. PERSONAL INFORMATION		
*Last Name	*First Name	
*Program (ex Business)	Home Phone Number ()	
*University of Guelph-Humber Email _____@guelphhumber.ca		

B. *OLD ADDRESS		
Street		Apt #
City	Province	Postal Code

C. *NEW ADDRESS		
Street		Apt#
City	Province	Postal Code

D. APPLICANTS ACKNOWLEDGEMENT	
*Applicant Signature	Date

Date Processed
