

REQUEST TO RECORD CHANGE OF NAME ON MBA STUDENT RECORD

To: The Student Experience Office Student Number : _____

NAME BEFORE CHANGE:

Surname Name: _____ Given (First/Middle)Names: _____

NAME AFTER CHANGE:

Surname Name: _____ Given (First/Middle)Names: _____

Date of Birth (YYYY-MM-DD): _____ Email Address: _____

Program that the student is currently enrolled in:

Full Time Part Time Co-op Accelerated

Address

_____ Apartment # _____ Street address _____

_____ City _____ Province / State _____ Country _____ Postal / Zip code _____

_____ Telephone # _____ E-mail Address _____

Student's Attestation & Authorization

Attached is a true & correct copy of a legal document to substantiate above request for change of name (in the form of: Birth Certificate, Marriage Certificate, Court Order, Passport)

_____ Date _____ Signature of Student ("new" name) _____

Processed Initials _____ Date _____