

Signature

Change or Correction of Name in the Records of the University of Toronto

SUBMIT FORM IN PERSON TO:

Student Services Officer, Faculty of Theology, University of St. Michael's College Room 307, Alumni Hall, 121 St. Joseph Street, Toronto, ON

For more information: Phone: 416-926-7140 or

email: usmctheology.registrar@utoronto.ca

Date Processed

PERSONAL INFORMATION	
Full Name currently on the University's Repository	of Student Information (ROSI) system:
Surname	First and Middle Name(s)
New name to be recorded and used:	
Surname	First and Middle Name(s)
Student #:	D.O.B.:
If you are a graduate, please provide degree(s) rece	vived:
Name of Degree	Date/Year Conferred
Name of Degree	Date/Year Conferred
Name of Degree	Date/Year Conferred
Reason for Name Change:	·
Changes to an officially recognized name in the stu- holder, who must present to the Student Services	
Please check if you expect to graduate within three	months
Signature of Student/Graduate (original signature mand	datory) Request Date
Request Processed by: Name:	