



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

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

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) received:

_____ Date/Year Conferred _____

Name of Degree *Date/Year Conferred*

_____ Date/Year Conferred _____

Name of Degree *Date/Year Conferred*

_____ Date/Year Conferred _____

Name of Degree *Date/Year Conferred*

Reason for Name Change: _____

Changes to an officially recognized name in the student records of the University can only occur at the request of the name holder, who must present to the Student Services Officer one of the following original documents:

- a birth certificate
- a baptismal certificate
- a marriage certificate
- a change of name certificate issued to the Registrar General of Ontario

Please check if you expect to graduate within three months

Signature of Student/Graduate (original signature mandatory)

Request Date

Request Processed by:

Name:

Signature

Date Processed