

Request to Update Student Personal Information

CURRENT STUDENT	INFORMATION	l:		
Last Name:			First Name:	
Student Number:	A		Phone Numbe	r:
Email Address:			<u>'</u>	
COMPL	ETE THE SE	CTION(S) TH	AT YOU ARE REC	QUESTING TO UPDATE:
LEGAL NAME CHAN	GE:			
Last Name:			First Name:	
If you have changed v	our legal name s	since applying for	admission. vou will n	need to provide legal documentation
confirming your name				
SOCIAL INSURANCE	NUMBER (SIN):		
To update your SIN, p	ease contact the	Service Centre	at 1-902-420-5582	
STUDENT RESIDEN	CY STATUS:			
Current Status:				
				eed to provide legal documentation
confirming this change	e (citizenship car	d, passport, pern	nanent resident card e	etc.)
DATE OF BIRTH:				
DD/MM/YYYY				
Your date of birth will	be entered base	d on what was or	n your admissions app	olication. If this information was entered
incorrectly by our office the change (driver's lie				re will require legal documentation to make
the change (unver sin	bense, birin cerii	ncate, passport e	ito.).	
GENDER IDENTITY:				
Female:		Male:		Another Gender Identity:
Please submit comple	ted forms and	supporting docu	ımentation to <u>record</u>	ls@smu.ca
Student Signature:			Date):
OFFICE OF THE REG	SISTRAR:			
Updated By:			Date):