

Request for Change of Student Information

Langara ID: _____ Date of Birth (Y) ____ (M) ____ (D) ____ Phone: _____

Last Name: _____ First Name: _____ Middle Name: _____

ADDRESS CHANGE*: _____
(Street) (City) (Province) (Postal Code)

*All correspondence will be sent to this address. E-Mail address: _____

NAME CHANGE: Former Name: LAST, FIRST, MIDDLE (if applicable)

Note: Appropriate official documentation must be provided for Name Changes.

SPECIAL SUPPORT SERVICES

- Yes Please indicate if you wish to declare you are of First Nations' ancestry. (First Nations Denotes Status, Non-Status, Metis and Inuit)
- Check this box if you would like information on Disability Services mailed to you. Visit our website at <http://www.langara.bc.ca/student-services/disability-services> for information on how to access Disability Services including important deadlines.

- Please check if you are an International Student.
- Please indicate if you have a NEW career application on file in this office and indicate program. (not required if you are already attending classes in this program.

Name of Program: _____

- I submitted the application for graduation on _____, please update it with the above changes.

**FOR CHANGE IN STATUS OF CITIZENSHIP PLEASE
FILL OUT A CITIZENSHIP STATUS CHANGE FORM.**

Signature of Student Date