

Change of Student Information

Please complete **Part 1 & 2** of this form and forward to:

Career Development Department, Concordia University College of Alberta,
7128 Ada Boulevard, Edmonton, Alberta T5B 4E4

or

fax (780) 466-9394

Part 1

Date: _____

Student's Name: _____

Part 2

Please make the following changes:

Name: _____

Address: _____

Postal Code: _____

Home Phone #: () _____ Work Phone #: () _____

Fax Phone #: () _____ E-Mail: _____

Other Information: _____

Date: _____ Signature: _____

Part 3

(Office Use Only)

Date Received from Student: _____