

Date: _____

CHANGE OF ADDRESS NOTICE

Name (Last/First): _____

Old Email: _____

Old Address: _____
Address

City/Province

Postal Code

New Address: _____
Address

City/Province

Postal Code

New Telephone: H () _____ W () _____ Cell () _____

Fax () _____ New Email: _____

Date to begin using new address: _____

Additional Comments: _____

Signature: _____

Please Return To:
Graduate Studies – Student Services
The University of Winnipeg
515 Portage Ave
Winnipeg, MB R3B 2E9 / (204) 786 9466 / Fax: (204) 786 - 8656