



**Nova Scotia
Agricultural
College**

Office of the Registrar
PO Box 550
Truro, Nova Scotia
Canada B2N 5E3

Tel: (902) 893-6722
Fax: (902) 895-5529

STUDENT INFORMATION CHANGE

Complete the appropriate section(s) of this form, and then, sign and submit it to the Office of the Registrar, Cox Institute, Room 100.

Family Name	First Name	Middle Name
Student ID		Phone Number

Permanent Home Address Change:		
Address		City/Town
Province/State	Country	Postal/Zip Code

Name Change: *proof of name change required		
Previous Name:		
Family Name	First Name	Middle Name
New Name:		
Family Name	First Name	Middle Name
Date Name Change Effective		

Student Signature _____ **Date** _____

Registry Signature _____ **Date** _____