

**CONSOLIDATION OF STUDENT NUMBERS (MERGES)
PLEASE COMPLETE ALL FIELDS**

Surname: _____ Maiden/Married/Other Surnames: _____

Given Name(s) – include short forms that may have been used, e.g. Mike/Michael _____
Beth/Elizabeth _____

Date of Birth: Year _____ Month _____ Day _____

Home Phone: _____ Other Contact Numbers: _____

Current HOME Address: _____
Street No. City Province Postal Code

Previous Addresses: _____
(Enter more on back of sheet, if required) _____

Current Student: Yes No

Current Programs and/or Courses: _____

Attended Algonquin Prior to 1987: Yes No

Programs/Courses Previously Attended:

Course	Approximate Date
_____	_____
_____	_____
_____	_____

Student Numbers: _____
(Current and Previous/Other) _____

Student Signature _____ Date _____ Staff Initials _____

Registrar's Office Use Only

Alpha Look-up Performed Yes

I have confirmed all above information with student _____
Staff Person (please print full name)

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