

CONSOLIDATION OF STUDENT NUMBERS (MERGES) PLEASE COMPLETE ALL FIELDS

INCOMPLETE FORMS CANNOT BE PROCESSED

Current Surname: _____ Previous Surnames: _____
Maiden/Married/Other Surnames

First Name: _____ Middle Name: _____
*– include short forms that may have been used,
e.g. Mike/Michael; Beth/Elizabeth*

Date of Birth: Year _____ Month _____ Day _____

Home Phone: _____ Cell: _____
Work: _____
Other: _____

email: _____

Algonquin email: _____

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

All Previous Addresses:
(Enter more on separate sheet, if required)

Current Student: Yes No

Current Programs and/or Courses:

I.T. Account currently in use: _____

Attended Algonquin Prior to 1987: Yes No

Programs/Courses Previously Attended:

Course	Approximate Date
_____	_____
_____	_____
_____	_____

Student Numbers:
(Current and Previous/Other) _____

Note any IT accounts or college emails linked to previous student numbers will be deleted during the merge process

Student Signature _____ Date _____ Staff Initials _____

Please return by mail to: Registrar's Office, 1385 Woodroffe Avenue, Ottawa, ON K2G 1V8

By fax to: 613-727-7767 to the attention of Patricia Eldred/Sharon McAuley

Or send scanned document by email: Patricia Eldred, eldredp@algonquincollege.com
Sharon McAuley, mcaules@algonquincollege.com

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