

Change of Address Notification

Mount Allison
UNIVERSITY

Student Services
62 York Street, Sackville, New Brunswick, Canada E4L 1E2



Change of Address Notification

Last Name	First Name	Student ID.
Middle Name	Preferred Name	E-mail Address

CHANGE OF LOCAL ADDRESS

Please return the completed form to the Office of Student Services.

Street, Apt. #	Town/City	Prov.
Postal Code	Phone (day)	Phone (evening)
Effective Beginning Date: (y / m / d)		Effective End Date: (y / m / d)

For further information, please contact the Office of Student Services at the address above or:

Phone: (506) 364-2269
Fax: (506) 364-2272

World Wide Web Campus Information
www.mta.ca/

CHANGE OF PERMANENT ADDRESS

Street, Apt. #	Town/City	Prov.
Postal Code	Phone (day)	Phone (evening)
Effective Date: (y / m / d)		

Signature _____

Date _____