



## NAME CHANGE FORM

**A NAME CHANGE MAY ONLY BE PROCESSED BY COMPLETING THIS FORM AND SUBMITTING IT WITH THE REQUIRED DOCUMENTATION TO [info@ccnm.edu](mailto:info@ccnm.edu) .**

***THIS FORM IS FOR REQUESTING NAME CHANGES WITHIN CCNM ONLY.  
(Any updates to financial aid or entities outside of CCNM are the responsibility of the student.)***

**REQUIRED DOCUMENTATION:**

**The official documentation required for each type of name change is listed below:**

- **Name change by marriage:** Canadian or foreign (must be translated to English and notarized) marriage certificate; or divorce order or judgment.
- **Name change by law:** Certificate or court order made under a provincial change of name act or under similar legislation.
- **Return to maiden name:** Birth certificate *and* government issued photo ID (i.e. passport or driver's license)
- **Given name change:** Birth certificate *and* government photo ID (i.e. passport or driver's license).

**1. CURRENT STATUS AT CCNM (check one):**

- Student (prerequisite courses)     
  Student (ND degree program)     
  Alumni     
  Staff

**2. CCNM CAMPUS (check one):**

- Toronto     
  Boucher - Vancouver

If you are CCNM Alumni, do you wish your NDnet email account to change in accordance with your name change? ***(Please note your NDnet email can only be changed once you are an alumnus/alumna as it is linked to your Moodle account.)***

- Yes**, I would like to change my email address  
 **No**, leave it as is.

**3. APPLICANT INFORMATION (PLEASE PRINT)**

<b>OLD Surname/last name</b> (currently on file):	<b>OLD Given name</b> (currently on file):
<b>NEW Surname/last name</b> (on documentation):	<b>NEW Given name</b> (on documentation): (First) <span style="float: right;">(Middle)</span>
<b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____	<b>Student number</b> (students/Alumni):
<b>Signature</b> _____	<b>Date</b> _____

**NOTE: If you wish your name change to be reflected on your diploma and in the convocation program, this form must be submitted to the Registrar's office by April 1<sup>st</sup>. If submitted after this date, a payment will be required for a diploma replacement.**

Protection of privacy: Personal information in connection with this form is collected under the authority of the *Freedom of Information and Protection Act* for educational administrative purposes. The information will be used to process identification information in your academic program and related record keeping purposes. If you have any questions about the collection, use or disclosure of the information by CCNM, please contact the Registrar, CCNM, 1255 Sheppard Ave. E., Toronto, Ontario, M2K 1E2 416-498-1255 ext. 248.

## For page for administrative use only

### Student Services updates required:

- Orbund** (*Boucher campus only*)
- SONIS**
- Student file – electronic**
- Student file – financial aid** (*CCNM files only – student must update Ministry*)
- Student file – physical** (*if any*)
- Send email notifications to the following departments requesting that the change be made within 2 business days to avoid confusion:**
  - Academics
  - Advancement / Alumni
  - Communications
  - Finance
  - Front Desk
  - Human Resources
  - Information Systems
  - Library
  - Office of Clinical Education
  - Office Services
  - Residence
  - RSNC Clinic
  - Security
  - Student Support / Accessibility