



Office of
OPEN LEARNING
Your Learning Connection

**UNIVERSITY
of GUELPH**

Address Change Form

Please fill out and submit the following form, so that we can be sure your course, assignments and midterms are not delayed or misdirected.

Student Name: _____ ID#: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip: _____ Country: _____

Telephone Number: _____

Email Address: _____

Signature: _____

Date: _____

This is a permanent address

This is a temporary address effective from _____ to _____

Telephone: 519 767-5000

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