

Ryerson Undergraduate Change Form

Who is this form for? Applicants to Ryerson that used the Ryerson Application or the Common App.

What is this form used for? To change/update your submitted application for admission.

How do you submit this form? Complete the appropriate sections of this form, save the document and email it to studentdocuments@ryerson.ca.

A. Required Information

This section must be completed by the applicant.

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other <input type="checkbox"/>	Ryerson Student Number	Legal Last Name	Legal First Name
Former Last Name(s)	Preferred Name (Avoid nicknames)	Contact Number ()	Contact Email

B. Mailing Address

If you wish to change your mailing address, complete this section.

Apt.	Number	Street		City
Province		Postal Code	Country	Home Number ()

C. Home Address

If you wish to change your home address, complete this section.

Apt.	Number	Street		City
Province		Postal Code	Country	Home Number ()

D. Other Contact Information

If you wish to change other contact information, complete this section.

Home Number ()		Cell Number ()		Fax Number ()
Business Number ()	Ext.	Email		

E. Immigration and Personal Data

If you wish to change your immigration and personal data, complete this section.

<p>VISA Authorization</p> <p>If you are NOT a Canadian Citizen or Permanent Resident, attach a COPY of your VISA Authorization form(s).</p> <p>Attached: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Status in Canada</p> <p><input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Authorization <input type="checkbox"/> Visitor or Other</p> <p>If Other, specify:</p> <hr/>	<p>Date of Entry</p> <p>If you are not a Canadian Citizen, date of entry into Canada:</p> <p>__ / __ / ____</p> <p>MM / YYYY</p>
<p>Country of Citizenship</p> <p>If you are NOT a Canadian Citizen, ACTUAL COUNTRY of Citizenship (Not Political Affiliation)</p> <hr/> <p>Country of Citizenship</p>	<p>Marital Status</p> <p><input type="checkbox"/> Single, Widowed, Divorced <input type="checkbox"/> Married, Separated</p> <p>If your name changed, attach appropriate documentation.</p>	<p>Date of Birth</p> <p>__ / __ / ____</p> <p>MM / DD / YYYY</p>

F. Program Choice

To change your program choice, visit www.ryerson.ca/admissions/undergraduate/apply/program-status/ to ensure applications are being accepted for the program selected.

<p>First Language: English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> If Other, specify: _____</p>		
<p>Are you an Indigenous Person? (The Indigenous and Treaty rights of the Indigenous peoples of Canada are recognized and affirmed in the Constitution Acts of 1867 to 1982 (Section 35). Section 35(2) indicates that Indigenous peoples of Canada include First Nations, Métis and Inuit peoples.) Self-identification is voluntary.</p> <p>Yes <input type="checkbox"/> Please specify: First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> No/Undeclared <input type="checkbox"/></p>		
<p>Have either of your parents/guardians attended a university or college? (Voluntary declaration):</p> <p>Parent/Guardian has attended <input type="checkbox"/> Parent/Guardian has not attended <input type="checkbox"/> No Declaration <input type="checkbox"/></p>		
<p>*Program Choice: Applicants may only have <u>two active</u> program choices for the year requested</p> <p>I wish to cancel my application to:</p>	<p>Program Offered</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Level</p> <p><input type="checkbox"/> Entry Level <input type="checkbox"/> Advanced Standing</p>	<p>Term & Year Commencing</p> <p>Fall _____</p> <p>Winter _____</p> <p>Spring/Summer _____</p>
<p>I wish to add the following program to my application:</p>	<p>Program Offered</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>Level</p> <p><input type="checkbox"/> Entry Level <input type="checkbox"/> Advanced Standing</p>	<p>Term & Year Commencing</p> <p>Fall _____</p> <p>Winter _____</p> <p>Spring/Summer _____</p>

