

Please submit this form to the Office of the Registrar (Kelowna), the Administration Office at campus or mail to fax
Office of the Registrar, 1000 KLO Road, Kelowna, BC V1Y8X8 Telephone: (250) 762-5445 Fax: (250) 862-5466

PERSONAL INFORMATION

Please print clearly and include your full legal name as it appears on your primary identification.

QUC Student Number: _____ Former QUC Student: No Yes: _____

Birthdate: _____
 DD MM YYYY

Full **Legal** Name at time of credential

Surname First Name Middle Name(s)
