



Ontario

Ministry of Training,
Colleges and Universities

2012-2013
ONTARIO GRADUATE SCHOLARSHIP PROGRAM
Change Form - Personal Information

Instructions: After you submit your 2012-2013 OGS application online you can no longer make changes to it. If any of your *personal information* has changed, enter the new information on this form and forward to the Graduate Studies Office at the university you originally submitted your OGS Application Package.

Personal Information (For Ministry Use Only - Will Not be Shared with OGS Selection Board or Selection Panels)

Basic Personal Identification

Social Insurance Number:

Date of birth:

Day Month Year

Gender:

Male

Female

First name:

Last name:

Permanent Canadian Address

Street name and number, rural route, or post office box:

Apartment:

City, town, or post office:

Province:

Postal Code:

Area code and telephone number:

Mailing Address as of May 2012 (University department address is not acceptable)

Is your mailing address the same as your permanent address?

Yes

No

If "Yes", go to "Other Personal Information" below. If "No", complete mailing address.

Street name and number, rural route, or post office box:

Apartment:

Street, rural route, or post office box:

City, town, or post office:

Province or State:

Region Code:

Postal Code or Zip Code:

Area code and telephone number:

Country:

Other Personal Information

Your citizenship status:

Canadian Citizen

Permanent Resident

Protected Person

Temporary resident visa - student study permit

If you selected Permanent Resident, Protected Person or Temporary resident visa - student study permit, please provide the date your residency status was received:

Date residency status received:

Day Month Year

Ontario Education Number (OEN) if assigned to you by the Ministry of Education:

Correspondence Options

In which language do you prefer to receive correspondence?

English

French

Do you wish to receive e-mails about the status of your application?

Yes

No

E-mail address:

Sharing Your Information

If you wish to have information from your OGS file released by the ministry to anyone other than yourself (e.g., your parent(s) or spouse), you must complete this section. This consent is valid during your 2012-2013 academic year only.

First name:

Last name:

Date of birth:

Day Month Year

First name:

Last name:

Date of birth:

Day Month Year

Signature of Applicant:

Date:

Day Month Year