

Alberta International Medical Graduate Program CHANGE OF INFORMATION FORM

Externs, current match cycle applicants and Clinical Assessment Placement (CAP) participants, use this form to update the personal contact information to be used by the AIMG Program if changes occur during the current application and assessment period. Contact information will automatically update when a new online application is completed. Please PRINT clearly and complete all required and new information

Required Information:

AIMG Program ID # (required)

Date of Birth (dd/mm/yyyy) (required)

Last Name

First Name

Former Address

Street Address: _____

City: _____ Postal Code: _____

New Address:

Street Address: _____

City: _____ Postal Code: _____

Former Email Address

New Email Address

Former Phone Number

New Phone Number

Change Effective as of what date? _____

When you have completed this form, please scan and email to aimg@ucalgary.ca or fax to the AIMG Program Office at **(403) 210 – 8166**. Thank you.