



Alberta International Medical Graduate Program CHANGE OF INFORMATION FORM

Externs, current match cycle applicants, candidates, and Clinical Assessment Placement (CAP) participants may 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 cycle online application is completed. Please **PRINT** clearly and complete all required and new information.

Required Information:

AIMG Program ID # (required)

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

Last Name

First Name

Former Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

New Address:

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Former Email Address

New Email Address

Former Phone Number

New Phone Number

Date changes take/took effect: _____

Once form is completed please scan and email it to aimg@ucalgary.ca.

~ Thank you.