Please Print

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Please note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Name</td>
<td>1. Students living in a college residence must retain their affiliation with that college.</td>
</tr>
<tr>
<td>Student Number</td>
<td>2. Completed forms should be brought to the drop box on the first floor in the Bennett Centre for Student Services.</td>
</tr>
</tbody>
</table>

Requesting Affiliation:

I am currently a member of _____________________ College or I currently have no college affiliation. ☐

I wish to change my affiliation to _________________________ College.

 Cancelling Affiliation:

Note: This option is not available to students in Year 1 (i.e. less than 24 passed credits) or students living in a college residence.

I am currently a member of _________________________________ College and wish to cancel this affiliation.

I understand that the non-refundable student government levy (attributable to the College government on my behalf) will be redirected to the general support of student activities.

I also understand that most college student government constitutions require their officers to be members of their college; therefore, cancelling my affiliation may also preclude my running for those offices.

Student's Signature

Date

Protection of Privacy: Personal information in connection with this form is collected under the authority of Freedom of Information and Protection of Privacy Act and The York University Act, 1965 for educational, administrative and statistical purposes. The information will be used to process your enrolment and registration in academic programs; to record and track your academic progress; and for related record-keeping purposes. If you have any questions about the collection, use or disclosure of this information by York University, please contact the Manager, Student Client Services, W120 Bennett Centre for Student Services, York University, 4700 Keele Street, Toronto ON, M3J 1P3, 416-872-9675.

Registrar's Office Use Only

Date Received ________________ Eligibility Verified __________ Input Date ________________ Initial ________