

CHANGE OF STUDENT INFORMATION FORM

STUDENT NAME:	
DATE OF BIRTH:	PASSPORT NUMBER:
STUDENT ID NUMBER:	GROUP NUMBER:
COURSE STUDYING:	
ADDRESS:	
	POSTCODE:
HOME PHONE:	MOBILE:
EMAIL ADDRESS:	

EMERGENCY CONTACT DETAILS	
NAME:	
ADDRESS:	
	POSTCODE:
HOME PHONE:	MOBILE:
EMAIL ADDRESS:	
RELATIONSHIP TO YOU:	

OVERSEAS CONTACT DETAILS	
NAME:	
ADDRESS:	
STATE:	POSTCODE:
COUNTRY:	PHONE:

STUDENT SIGNATURE:	DATE:
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OFFICE USE ONLY

DATE INFORMATION WAS UPDATED:
SIGNATURE: