

Change of Personal Information Form

Student Details						
Family Name:		Given Name:				
Date of Birth:		USI:				
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Course Information						
Current Course Details						
Course Code:		Commencement Date:				
Current Course Name:						
•						
	Updated I	nformation				
Passport No:		Nationality:				
Student ID:		Mobile:				
Address:						
Email:						
Student Declaration						
I hereby declare that all information and documents provided are true and genuine. Documents attached (if needed)						
Student's Name (Print):						
Student's Signature: Date:						



Do not write below this line - Office Use ONLY				
Received by (PRINT):				
Signature:		Date:		
Date notify student the outcome via email:				
Date documents scanned and uploaded to the Student Management Database:				
Action by (PRINT):		Position:		
Signature:		Date:		
Comments:				