



Change of Address Form

Date: _____ Student Number: _____

Student Name: _____

Course: _____

Please select relevant option(s) and sign and date below:

Change of Name (please attach certified copy of certificate/written evidence of name change)

Previous Name: _____

Current Name: _____

Change of Passport/Visa Number or Type (please present passport to Reception)

Current Passport Number: _____

Current Visa Number: _____

Current Visa Type & Subclass (e.g. Student 500) _____

Change of Postal Address

Current address (including postcode):

Change of Contact Telephone Number(s)

Current home phone number: _____

Current work phone number: _____

Current mobile phone number: _____

Change of Email Address

Current email address: _____

Change of Emergency Contact

Please nominate the person(s) who should be contacted in case of emergency.

Name(s): _____

Relationship to you: _____

Telephone number: _____

Student Signature

Date