NOTIFICATION OF CHANGE OF ADDRESS/NAME

Instructions:

1. To be completed by all students wishing to change their address and/or name.
2. **Documentary evidence MUST be provided in the case of a change of name.**
3. Complete all relevant sections.
4. The completed forms must be lodged with Student Administration at your home campus.
5. This evidence is deemed effective from the date received by the University.

Student Number

IP Group: SMF
Course code: _____

(Mr, Ms, Mrs etc.)	Surname (in block letters)	Other name/s (in full)

I wish to change my address ☐

I wish to change my Surname ☐ Previous Surname ☐

NEW semester correspondence address

Number and Street	
Postcode:	Country:
Home phone number:	Work phone number:
Student Signature:	Date:

NEW permanent home address (If the same as your semester correspondence address write "As Above")

Number and Street	
Postcode:	Country:
Home phone number:	Work phone number:
Student Signature:	Date:

Please fax completed and signed form to International & Commercial Office at + 61 8 6304 5577

Processed by: Signature _____ Date _____
D.P.O.