Change of Address or Name Form



Title: Mr Mrs Ms Miss Gender: Male Female Student ID: M I T Family Name: Date of Birth: Email: Email:	Student Details		
Given Name: Date of Birth: Telephone Number: Change of Address I wish to advise Melbourne Institute of Technology of the following change to my: Home Address [] Tick as many boxes as apply. Campus Address [] I flohanging more than one address, Postal Address [] I flohanging more than one address, Postal Address [] State Post Code Country Telephone Mobile To: Suburb/Town/City State Post Code Country Telephone Mobile As of Title Given Name Family name Family name Family name Family name Family name Family name Family name Family name Family name Family name Family name Family name Family name I have attached documentary evidence (For example Marriage Certificate, Dead poll declaration, etc.) to support the above change of name.	Title: Mr Mrs Ms Miss	Gender: Male Female	
Date of Birth: Telephone Number: Change of Address I wish to advise Melbourne Institute of Technology of the following change to my: Home Address [] Tick as many boxes as apply. Campus Address [] If changing more than one address, Postal Address [] additional forms may be required. From: Suburb/Town/City State Post Code Country Telephone Mobile To: Suburb/Town/City State Post Code Country Telephone Mobile As of Telephone Mobile Title Given Name Family name To: Title Given Name Family name As of Title Given Name Family name As of Manue Family name To: Title Given Name Family name As of Manue Family name As of Manue Family name To: Title Given Name Family name As of Manue Family name As of Manue Family name	Student ID: M I T		
Telephone Number: Change of Address	Given Name: Family Name:		
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I wish to advise Melbourne Institute of Technology of the following change to my: Home Address	Telephone Number:		
I wish to advise Melbourne Institute of Technology of the following change to my: Home Address	Change of Address		
Home Address [] Tick as many boxes as apply. Campus Address [] If changing more than one address, Postal Address [] additional forms may be required. From: Suburb/Town/City State Post Code Country Telephone Mobile To: Suburb/Town/City State Post Code Country Telephone Mobile Country Telephone Mobile To: Suburb/Town/City State Post Code Country Telephone Mobile Title Given Name Family name To: Title Given Name Family name As of Mane I have attached documentary evidence (For example Marriage Certificate, Dead poll declaration, etc.) to support the above change of name.			
Suburb/Town/City State Post Code	Home Address [] Tick as many boxes as apply. Campus Address [] If changing more than one address, Postal Address [] additional forms may be required.		
To: Suburb/Town/City State Post Code Country Telephone Mobile As of Mane I wish to advise Melbourne Institute of Technology of the following change to my name: From: Title Given Name Family name To: Title Given Name Family name As of Mane I have attached documentary evidence (For example Marriage Certificate, Dead poll declaration, etc.) to support the above change of name.			
Suburb/Town/City State Post Code Country Telephone Mobile As of/			
Country	То:		
Change of Name I wish to advise Melbourne Institute of Technology of the following change to my name: From: Title Given Name Family name To: Title Given Name Family name As of	Suburb/Town/City State Post Code		
Change of Name I wish to advise Melbourne Institute of Technology of the following change to my name: From: Title Given Name Family name To: Title Given Name Family name As of	Country Teleph	one Mobile	
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Title Given Name Family name As of	From:	Family name	
I have attached documentary evidence (For example Marriage Certificate, Dead poll declaration, etc.) to support the above change of name.			
	As of/		
Student Declaration	I have attached documentary evidence (For example Marriage Certificate, De	ead poll declaration, etc.) to support the above change of name.	
Student Declaration			
I hereby certify that the information provides on this form, and all documents submitted may be made available to Commonwealth & State agencies and the Fund Manager of the ESOS Assurance Fund, pursuant to obligations under ESOS Act 2000 & National Code. I understand that the institution is			
required under section 19 of the ESOS Act 2000 to inform the Department of Education, Science & Training of changes to my enrolment & any breach of			
a student visa condition relating to attendance or unsatisfactory academic performance.			
Student Signature: Date:	Student Signature:	Date:	
OFFICE USE ONLY			
Received Processed			