

Change of Address or Name Form



| Student Details | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | |
| Student ID: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>M</td><td>I</td><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> | M | I | T | | | | | | | | |
| M | I | T | | | | | | | | | |
| Given Name: | Family Name: | | | | | | | | | | |
| Date of Birth: | Email: | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | |

| Change of Address | | | | | | | | | |
|--|--------------|------------------------------------|------------------------------|----------------|-----|------------------------------------|----------------|-----|-----------------------------------|
| I wish to advise Melbourne Institute of Technology of the following change to my: | | | | | | | | | |
| <table style="width: 100%;"> <tr> <td style="width: 30%;">Home Address</td> <td style="width: 10%;">[]</td> <td style="width: 60%;">Tick as many boxes as apply.</td> </tr> <tr> <td>Campus Address</td> <td>[]</td> <td>If changing more than one address,</td> </tr> <tr> <td>Postal Address</td> <td>[]</td> <td>additional forms may be required.</td> </tr> </table> | Home Address | [] | Tick as many boxes as apply. | Campus Address | [] | If changing more than one address, | Postal Address | [] | additional forms may be required. |
| 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/...../..... | | | | | | | | | |

| Change of Name | | | |
|--|------------|-------------|-------------|
| I wish to advise Melbourne Institute of Technology of the following change to my name: | | | |
| From: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Title</td> <td style="width: 40%; text-align: center;">Given Name</td> <td style="width: 30%; text-align: center;">Family name</td> </tr> </table> | Title | Given Name | Family name |
| Title | Given Name | Family name | |
| To: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Title</td> <td style="width: 40%; text-align: center;">Given Name</td> <td style="width: 30%; text-align: center;">Family name</td> </tr> </table> | Title | Given Name | Family name |
| Title | Given Name | Family name | |
| As of/...../..... | | | |
| I have attached documentary evidence (For example Marriage Certificate, Dead 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: _____ |

| OFFICE USE ONLY | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Received <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | Processed <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |