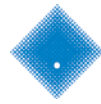


PERSONAL DETAILS AMENDMENT



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

(OFFSHORE STUDENTS – YOU MUST SUBMIT THIS FORM AT YOUR SITE OF STUDY)

PLEASE NOTE: Amendments to your name, title, date of birth and gender must be done in person by submitting this form and supporting documents at your nearest Student Service Centre. Other amendments or enquiries can be made through ASKVU www.vu.edu.au/askvu or by phone on +613 9919 6100 or at the nearest Student Service Centre.

CHANGE OF NAME, TITLE, DATE OF BIRTH OR GENDER – YOU MUST SUPPLY ORIGINAL OR CERTIFIED COPIES OF DOCUMENTARY EVIDENCE WHEN SUBMITTING THIS FORM (PASSPORT, BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, DEED POLL)

It is **YOUR RESPONSIBILITY** as a student to ensure that your personal details are accurate.

Please write in BLOCK LETTERS using a black or blue pen.

STUDENT ID

YOUR CURRENT DETAILS:

TITLE: _____ FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: ____/____/19 _____ GENDER: M F

CHANGE OF NAME, TITLE, DATE OF BIRTH OR GENDER? YES NO

TITLE: _____ FAMILY NAME: _____

GIVEN NAME(S): _____

DATE OF BIRTH: ____/____/19 _____ GENDER: M F

CHANGE OF ADDRESS? YES NO

PLEASE INDICATE ADDRESS TYPE(S): MAILING SEMESTER HOME

STREET NUMBER AND NAME: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

COUNTRY: _____

CHANGE OF PHONE NUMBER OR EMERGENCY CONTACT? YES NO

HOME PHONE: _____ MOBILE PHONE: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

HAVE YOU COMPLETED THE REQUIREMENTS FOR YOUR AWARD AND APPLIED TO GRADUATE? YES NO (OFFICE USE ONLY – IF YES, FAX FORM TO EXT. 2853)

I declare the details provided to be true and correct and I have read the Privacy information below.

STUDENT SIGNATURE: _____ DATE: ____/____/20 _____

OFFICE USE ONLY	PROCESSED BY: _____	DATE: _____
	DEPARTMENT: _____	

CONTACT

Enquiries ASKVU www.vu.edu.au/askvu
Phone +613 9919 6100
Web www.vu.edu.au/students

STUDENT SERVICE CENTRES

City Flinders Newport
City King St Albans
Footscray Nicholson Sunshine
Footscray Park Werribee
Melton

MAIL TO

Admissions & Enrolments Section
St Albans Campus
Victoria University
PO Box 14428
Melbourne VIC 8001

PRIVACY INFORMATION

We collect your personal information in accordance with the Privacy Statement for students (www.vu.edu.au/current-students/student-essentials/commonly-used-forms) and the Privacy Policy (www.vu.edu.au/privacy).

Personal Details Amendment Form A11 v300715

Victoria University CRICOS Provider No. 00124K (Melbourne) Victoria University CRICOS Provider No. 02475D (Sydney)

RTO Code 3113