



PERSONAL DETAILS VARIATION

SA-PDV-0600

FAMILY NAME: **STUDENT NUMBER:**

GIVEN NAMES:

INSTRUCTIONS: This form is to be used when changing one or more of the following: address, name, telephone or facsimile number, examination centre, disability indicator, next of kin.
Enter any changes below, sign Section 8 and return this form to the Student Administration Office at **your HOME CAMPUS**.
* ITEMS LEFT BLANK WILL REMAIN UNCHANGED ON YOUR PERSONAL DETAILS RECORD

1. CHANGE OF MAILING (CONTACT) ADDRESS/TELEPHONE/FASCIMILE NUMBER (If this change also means that you need to change your examination centre, refer to Section 5)

New Address:

Town/City: State: Postcode: Country:.....

New (BH) Telephone: STD (.....) New Facsimile STD (.....)

2. CHANGE OF OUT OF SESSION (HOME) ADDRESS/TELEPHONE/FASCIMILE NUMBER (If this change also means that you need to change your examination centre, refer to Section 5)

New Address:

Town/City: State: Postcode: Country:.....

New (AH) Telephone: STD (.....) New Facsimile STD (.....)

3. TEMPORARY ADDRESS (If this change also means that you need to change your examination centre, refer to Section 5)
I wish to change my address temporarily. All mail should be forwarded to the following address during the period

From / / **to** / /

New Address:

Town/City: State: Postcode: Country:.....

New Telephone: STD (.....) New Facsimile STD (.....)

I am aware that my address will revert back to my previous one after the temporary date has passed.

4. CHANGE OF NAME ***Documentary evidence must be attached**

New Family Name: New Given Names:

Please contact the Student Administration Office on your campus if you require a replacement ID card that reflects your name change

5. CHANGE OF EXAMINATION CENTRE **NOTE:** Changes requested within six weeks of the next examination period will not be changed for that period except with the approval of the Examinations Office.

New Code: New Location:

6. CHANGE OF DISABILITY INDICATOR - Tick if appropriate

Remove my name from the list of students with disabilities

Add my name to the list of students with the following disability:.....

I would like to request the following special assistance: (Attach separate sheet if insufficient space)

.....

7. CHANGE OF NEXT OF KIN

Family Name: Given Names:

Address: Postcode:

Telephone: STD (.....) Facsimile: STD (.....)

<p>8. ENDORSEMENT</p> <p>Signature: Date:</p>	<p>OFFICE USE</p>
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