

**How to use this form**

Please complete:

**SECTIONS 1 and 2:** for any changes to phone number/s or email address.**SECTIONS 1 and 3** for any address change/s.**SECTIONS 1 and 4** for change of name. **NOTE:** An application for a name change **must** have documentary evidence to support the change requested. Acceptable evidence includes original **or Certified copies** of a marriage certificate or Driver Licence.**SECTIONS 1 and 5** for any changes to your emergency contact details.**SECTION 1: PERSONAL DETAILS**

Are you an International Student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Melbourne Polytechnic STUDENT NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Legal Family Name	<input type="text"/>										Date of Birth				Gender (tick one box)	
Legal Given Names	<input type="text"/>										Day	Month	Year	Female <input type="checkbox"/> Male <input type="checkbox"/>		
Name of course	<input type="text"/>										Course Code	<input type="text"/>				
Campus	<input type="text"/>															

**SECTION 2: NEW PHONE NUMBER/S OR EMAIL ADDRESS**

Phone	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>					

**SECTION 3: NEW ADDRESS/ES**

Please indicate below (✓) which address you would like changed and enter new address.

**Address 1.** (Where you will be living whilst studying at Melbourne Polytechnic.)

<input type="checkbox"/>	Number and Street (must not be a postal box)	Suburb	Postcode	<input type="text"/>
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**Address 2.** Postal

<input type="checkbox"/>	<input type="text"/>	Suburb	Postcode	<input type="text"/>
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**Address 3.** (Permanent address if different from Address 1. (Include rural Australia or overseas.))

<input type="checkbox"/>	Number/Street/Road (must not be a postal box)	Suburb/Town	State/Country/Code	<input type="text"/>
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**SECTION 4: NEW NAME**An application for a name change **must** have documentary evidence to support the change requested. Acceptable evidence includes original **or Certified copies** of a marriage certificate or Driver Licence.

Legal Family Name	<input type="text"/>
Legal Given Names	<input type="text"/>

**SECTION 5: NEW EMERGENCY CONTACT DETAILS**

Emergency Contact Name	<input type="text"/>	Emergency Contact Phone	<input type="text"/>
Emergency Contact Relationship	<input type="text"/>		

Student Name:  
Please print

Student Signature

Date

**INFORMATION SERVICES USE for change of name ONLY**EVIDENCE SIGHTED: Marriage Certificate ☐ Driver Licence ☐ Other ☐Staff Name:  
Please print

Staff Signature