

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"/>
Legal Family Name	Date of Birth	Gender (tick one box)
<input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Legal Given Names	Course Code	<input type="text"/>
<input type="text"/>	<input type="text"/>	
Name of course		
<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: <i>Please print</i>	<input type="text"/>
Student Signature	<input type="text"/>
Date	<input type="text"/>

INFORMATION SERVICES USE for change of name ONLY

EVIDENCE SIGHTED: Marriage Certificate Driver Licence Other

Staff Name:
Please print

Staff Signature