



PERSONAL DETAILS AMENDMENT

A11

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

Complete and sign this form to make amendments to your personal details.
It is **your responsibility** as a student to ensure that your personal details are accurate.

PLEASE NOTE Amendments to your name, title, date of birth and gender must be done in person by submitting this form and supporting documents to a Student Service Centre on your campus. Other amendments or enquiries can be made through ASKVU www.vu.edu.au/askvu or by phone on +61 3 9919 6100 or at a Student Service Centre on your campus.

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

TAFE STUDENT HIGHER EDUCATION STUDENT STUDENT ID: S _____

PREFERRED NAME ORDER - YOUR NAME WILL APPEAR ON OFFICIAL UNIVERSITY DOCUMENTATION AS GIVEN NAME 1, GIVEN NAME 2, FAMILY NAME.
IF YOU WOULD LIKE A DIFFERENT ORDER, PLEASE TICK THE OPTION YOU WOULD PREFER:

<input type="checkbox"/> OPTION 1 GIVEN NAME 1 GIVEN NAME 2 FAMILY NAME	<input type="checkbox"/> OPTION 2 GIVEN NAME 2 FAMILY NAME	<input type="checkbox"/> OPTION 3 GIVEN NAME 1 FAMILY NAME GIVEN NAME 2
<input type="checkbox"/> OPTION 4 GIVEN NAME 1 FAMILY NAME GIVEN NAME 2	<input type="checkbox"/> OPTION 5 GIVEN NAME 2 GIVEN NAME 1 FAMILY NAME	<input type="checkbox"/> OPTION 6 FAMILY NAME GIVEN NAME 2 GIVEN NAME 1

YOUR DETAILS AS CURRENTLY RECORDED

FAMILY NAME: _____ DATE OF BIRTH: / /19 _____

FIRST NAME: _____ SITE/CAMPUS: _____

OTHER NAMES: _____ COURSE CODE: _____

CHANGE OF NAME, TITLE OR DATE OF BIRTH - YOU MUST SUPPLY ORIGINAL OR CERTIFIED COPIES OF DOCUMENTARY EVIDENCE WITH THIS FORM

PASSPORT BIRTH CERT. MARRIAGE CERTIFICATE DEED POLL

TITLE: MR MS MISS MRS DR PROF GENDER: FEMALE MALE

FAMILY NAME: _____ DATE OF BIRTH: / /19 _____

FIRST NAME: _____ OTHER NAMES: _____

HAVE YOU COMPLETED THE REQUIREMENTS FOR YOUR AWARD AND APPLIED TO GRADUATE?

YES (if YES, your personal details will be updated on the Graduation database) NO **OFFICE USE ONLY - IF YES, FAX FORM TO EXT. 2853**

CHANGE OF ADDRESS, PHONE NUMBER OR EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE: _____

YOUR SEMESTER/MAILING ADDRESS:

SUBURB: _____ POSTCODE: _____

COUNTRY: _____ TELEPHONE: _____ MOBILE PHONE: _____

YOUR PERMANENT HOME ADDRESS (if same as semester/ mailing address, write "as above"):

SUBURB: _____ POSTCODE: _____

COUNTRY: _____ TELEPHONE: _____

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

STUDENT SIGNATURE: _____ DATE: / /20 _____

CONTACT Enquiries ASKVU www.vu.edu.au/askvu Phone +613 9919 6100 Fax +613 9919 4429 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 Student Contact Centre Footscray Park Campus Victoria University PO Box 14428 Melbourne VIC 8001
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PRIVACY INFORMATION

The personal information we collect on this form is for the purpose of enabling you to enrol in your chosen course of study and for Victoria University to deliver that course and related services to you. You can access your personal information by contacting us at www.vu.edu.au/askvu or +613 9919 4000.
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 (wcf.vu.edu.au/GovernancePolicy/PDF/POU090123000.PDF).

OFFICE USE ONLY - PROCESSED BY: _____ FACULTY/SCHOOL/DEPT: _____ NAME: _____ DATE: _____