

## Student Change of Details Form

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Student ID \_\_\_\_\_ Title \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Date change took effect \_\_\_\_\_

Current Course \_\_\_\_\_

### DETAILS OF THE CHANGE:

Change of address       Change to phone number   
Name change       Change to email address       Other

### REASON FOR CHANGE:

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### NEW DETAILS:

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I declare the above information to be true and correct.

\_\_\_\_\_  
Name, signature and date

Please return this completed form to college reception or email [info@cacademic.edu.au](mailto:info@cacademic.edu.au)