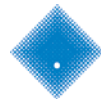


# PERSONAL DETAILS AMENDMENT



**VICTORIA UNIVERSITY**  
MELBOURNE AUSTRALIA

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

PLEASE NOTE: Amendments to your name, title, date of birth and gender must be done in person by submitting this form and supporting documents at your nearest Student Service Centre. Other amendments or enquiries can be made through ASKVU [www.vu.edu.au/askvu](http://www.vu.edu.au/askvu) or by phone on +613 9919 6100 or at the nearest Student Service Centre.

**CHANGE OF NAME, TITLE, DATE OF BIRTH OR GENDER – YOU MUST SUPPLY ORIGINAL OR CERTIFIED COPIES OF DOCUMENTARY EVIDENCE WHEN SUBMITTING THIS FORM (PASSPORT, BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, DEED POLL)**

It is **YOUR RESPONSIBILITY** as a student to ensure that your personal details are accurate.

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

STUDENT ID

## YOUR CURRENT DETAILS:

TITLE: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ /19 \_\_\_\_\_ GENDER:  M  F

CHANGE OF NAME, TITLE, DATE OF BIRTH OR GENDER?  YES  NO

TITLE: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

GIVEN NAME(S): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ /19 \_\_\_\_\_ GENDER:  M  F

CHANGE OF ADDRESS?  YES  NO

PLEASE INDICATE ADDRESS TYPE(S):  MAILING  SEMESTER  HOME

STREET NUMBER AND NAME: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

CHANGE OF PHONE NUMBER OR EMERGENCY CONTACT?  YES  NO

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE: \_\_\_\_\_

HAVE YOU COMPLETED THE REQUIREMENTS FOR YOUR AWARD AND APPLIED TO GRADUATE?  YES  NO (OFFICE USE ONLY – IF YES, FAX FORM TO EXT. 2853)

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

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

OFFICE USE ONLY	PROCESSED BY: _____	DATE: _____
	DEPARTMENT: _____	

## CONTACT

Enquiries ASKVU [www.vu.edu.au/askvu](http://www.vu.edu.au/askvu)  
Phone +613 9919 6100  
Web [www.vu.edu.au/students](http://www.vu.edu.au/students)

## STUDENT SERVICE CENTRES

City Flinders Newport  
City King St Albans  
Footscray Nicholson Sunshine  
Footscray Park Werribee  
Melton

## MAIL TO

Admissions & Enrolments Section  
St Albans Campus  
Victoria University  
PO Box 14428  
Melbourne VIC 8001

## PRIVACY INFORMATION

We collect your personal information in accordance with the Privacy Statement for students ([www.vu.edu.au/current-students/student-essentials/commonly-used-forms](http://www.vu.edu.au/current-students/student-essentials/commonly-used-forms)) and the Privacy Policy ([www.vu.edu.au/privacy](http://www.vu.edu.au/privacy)).

Personal Details Amendment Form A11 v120412

Victoria University CRICOS Provider No. 00124K (Melbourne)

Victoria University CRICOS Provider No. 02475D (Sydney)