

## Student Change of Details Form

---

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:

---

---

### NEW DETAILS:

---

---

---

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)