General Amendment to Personal Details

CHARLES DARWIN UNIVERSITY AUSTRALIA

Student Number ☐☐☐☐☐☐

Surname _____

Given Names _____

☐ **Change of Name (see below*)**

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr

☐ Other _____

Surname _____

Given Names _____

Effective from _____

Date of Birth
(D D M M Y Y Y Y) ☐☐ ☐☐ ☐☐ ☐☐

Gender ☐ Male ☐ Female ☐ Indeterminate/ Intersex/Unspecified

Course Code _____

☐ **Change of Postal Address**

Number & Street or PO Box _____
_____
_____

Suburb / Town _____

State _____ Postcode ☐☐☐☐

Country (if outside Australia) _____

Effective from _____

Course Name _____

☐ **Change of Home Address** *(Must not be a PO Box). International students must retain their overseas address in this section*

Number & Street or PO Box _____
_____
_____

Suburb / Town _____

State _____ Postcode ☐☐☐☐

Country (if outside Australia) _____

Effective from _____

☐ **Change of Semester Address** *International students must provide a local street address if their post address is a PO Box.*

Number & Street or PO Box _____
_____
_____

Suburb / Town _____

State _____ Postcode ☐☐☐☐

Country (if outside Australia) _____

Effective from _____

☐ **Change of Home Phone** _____ Effective from ___ / ___ / ___

☐ **Change of Mobile** _____ Effective from ___ / ___ / ___

☐ **Change of Work Phone** _____ Effective from ___ / ___ / ___

☐ **Change of Fax** _____ Effective from ___ / ___ / ___

☐ **Change of Emergency Contact** Name _____

Phone 1 ( ) Phone 2 ( ) Effective from ___ / ___ / ___

*CHANGE OF NAME
Students making a Change of Name amendment must provide evidence showing their new name and/or their former name. Charles Darwin University requires proof of a student's former name for those who are divorced or separated and wish to revert to their former name. eg Marriage Certificate, Drivers Licence, Birth Certificate, Divorce Papers.

Please return this form to Student Central, Charles Darwin University, Darwin, NT 0909.   Fax (08) 8946 6642
Email: student.central@cdu.edu.au

List of supporting documentation included in application :

- I hereby declare that the information I have entered on this form is accurate and correct; and
- I hereby grant permission for Charles Darwin University to verify any documentation which accompanies this application with the issuing body; and
- I understand that I am required to keep the original copy of any documentation provided for a 6 month period following the submission of this form, and that I may be required to produce this as a result of a Charles Darwin University random audit process; and
- I understand that if I knowingly make any false or misleading statements, I may be liable for prosecution.

Student Signature: Date:

OFFICE USE ONLY		
Date received:	Date processed:	
Processed by VET Team No:	Processed by:	TRIM No: STU2012/