



Student Change of Details Form

Student Change of Details

- I am a student of West Melbourne Institute of Technology and wish to advise a change of :
- Name (please provide proof of change of name) Home Address Contact Details
- Other: _____ Employer / Workplace

Student Name (as on current records): _____ Date of Birth: / /

Current Course: _____

Please provide new information below

Surname: _____

First Name: _____ Middle Name/s: _____

Home Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Workplace/ Employer (workplace based courses): _____

Signed: _____ Date: _____

Organisation Change of Details

- I am an organisation/ client/ employer of a student of West Melbourne Institute of Technology and wish to advise a change of :
- Company or Business Name Business or Postal Address Contact Details
- Other: _____ Contact Person

Please provide new information below

Business Name: _____

Contact Person: _____ Position: _____

Business and/or Postal Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Please return this completed form to West Melbourne Institute of Technology,
Level 3, 220 Albert Rd, South Melbourne VIC 3200, Phone: (03) 9131 8789
Email: info@wmitedu.com.au, Website: www.wmitedu.com.au