

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, by emailing at: info@wmit.edu.au