



**Australian College of Health & Management**  
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### CHANGE OF DETAILS FORM

This form is to fill out when there is a change in details of student. You must submit the change of details form within 14 days of change made.

#### STUDENT DETAILS

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
STUDENT NUMBER: \_\_\_\_\_ USI NUMBER: \_\_\_\_\_  
COURSE ENROLLED IN: \_\_\_\_\_

Please tick/circle what details is changed:

Change of Name

Change of address

Change of email address

Change of phone number

#### CURRENT DETAILS

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CURRENT PHONE NUMBER : \_\_\_\_\_  
\_\_\_\_\_  
EMIAL ADDRESS: \_\_\_\_\_



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**OFFICE USE ONLY**

CHANGE DETAILS ENTERED INTO SYSTEM:

YES/ NO

DATE ENTERED IN SYSTEM:

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE COMPLETED FORM PLACED IN STUDENT FILE:

\_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PERSON COMPLETING CHANGE:

\_\_\_\_\_

CEO NOTIFIED?

YES/ NO