

# CHANGE OF DETAILS



AUSTRALIAN  
LEADING  
INSTITUTE OF  
TECHNOLOGY

Student Name :

Student Number :

Date of Birth :   
(dd/mm/yyyy)

Course :

Class Group :

Email :

Phone Number :

**Please select relevant option(s).**

Change of Name (please attach certified copy of certificate/written evidence of name change)

**Previous Name** :

**Current Name** :

**Change of Passport/Visa Number or Type (please present passport to student service desk)**

Current Passport No :

Current Visa No :

Current Visa Type and Subclass :

**Change of Postal Address:**

Address line 1:

Suburb:  Post Code:

State:  Country:

**Change of Contact Number:**

New home phone number :

New mobile phone number :

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## Change of Email Address:

New Email Address :

## Change of Emergency Contact

Please nominate the person(s) who should be contacted in case of emergency.

Name(s) :

Relationship to you :

Telephone number :

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date