STUDENT CHANGE OF DETAILS FORM

Wattle COLLEGE

Personal Details

Student Name :

Date Of Birth :

Wattle Student ID :

Email Address :

Contact Number :

Course Name with Code :

Start Date :

End Date :

New Contact Details

Please provide only the details that have changed.

Student Name :

Contact Number :

Address :

Email Address :

Student Declaration

I hereby declare that all the above information is true and correct as at date below and this information shall remain valid until I provide notice in writing of any changes.

Signature of the Student:

Name of Student :

Date :

Privacy Statement

Information is collected on this form and during your enrolment in order to meet our obligations to ensure student compliance with the conditions of their visas and their obligations under Australian immigration laws generally. Information collected about you on this form and during your enrolment can be provided, in certain circumstances, to the Australian Government and designated authorities. In other instances, information collected on this form or during your enrolment can be disclosed without your consent where authorized or required by law.

Official Use Only :

Processed By :

Signed :

Date Processed :