

# CHANGE OF ADDRESS/NAME FORM

## SECTION 1- TO BE COMPLETED BY THE STUDENT

STUDENT I.D. NO. ....

SURNAME.....FIRSTNAME..... INITIAL .....

ADDRESS .....

TELEPHONE:(H)..... (W) ..... C).....

PERIOD OF ENROLLMENT .....

PROGRAMME OF STUDY.....

## SECTION 2 – CHANGE OF ADDRESS

EFFECTIVE DATE OF CHANGE: .....

NEW ADDRESS : .....

TELEPHONE: HOME: ..... WORK: .....

EMERGENCY CONTACT: .....

ADDRESS: .....

TELEPHONE: HOME: ..... WORK: .....

## SECTION 3 – CHANGE OF NAME

EFFECTIVE DATE OF CHANGE: .....

NEW NAME : .....

DOCUMENT SUPPORTING CHANGE OF NAME:.....

EMERGENCY CONTACT: .....

ADDRESS: .....

TELEPHONE: HOME: ..... WORK: .....

## SECTION 4- FOR OFFICIAL USE ONLY

DATE: ..... SIGNATURE: .....