THE UNIVERSITY OF WESTERN AUSTRALIA

NOTIFICATION OF CHANGE OF ADDRESS

(Please mail or fax this form to Student Administration)

Student Administration

The University of Western Australia
35 Stirling Highway Crawley WA 6009

Phone +61 8 6488 3235

Fax +61 8 6488 1083

STUDENT NUMBER _____

TITLE: _____ SURNAME: _____

GIVEN NAMES: _____

Are you a Graduate of this University? Yes ☐ No ☐

Have you recently submitted an Application for Graduation? Yes ☐ No ☐

PERMANENT HOME ADDRESS: ***(Students who are not PERMANENT RESIDENTS must retain their overseas address under the HOME address below)***

HOME PHONE: ☐☐☐☐☐☐☐☐☐☐☐☐ POSTCODE: ☐☐☐☐

CONTACT ADDRESS: (IF SAME AS HOME ADDRESS WRITE "AS ABOVE")

CONTACT PHONE: ☐☐☐☐☐☐☐☐☐☐☐☐ POSTCODE: ☐☐☐☐

SIGNATURE: _____ DATE: _____