



Sunshine College of Management Pty Ltd

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Change of Details

I am a student of SCM and wish to advise a change of:

- Name(Please provide proof of change of name)
- Home Address
- Contact Details

Family Name:(Current)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Name:(Current)		Date of Birth:
Student ID No:	Group:	Mobile:
Email:		
Course:		
(If Applicable)		
Family Name:(Updated) _____		
Given Name:(Updated) _____		
New Contact Details:		
Address Line 1: _____		
Suburb: _____	Post Code: _____	State: _____
Home Ph: _____	Mobile: _____	Email: _____

Student Name:	Student Signature	Date:
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OFFICE USE ONLY	
Details Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Staff Name: _____	
Signature: _____	Date: ___/___/___