

**CURRENT PERSONAL DETAILS** 



## **Amendment to Personal Details**

Student Number:			Title:	
Surname:				
Given Names:				
CHANGE OF CORRESPON	IDENCE DETAILS (IN KUCHING)			
Number & Street:				
Suburb/Town/City:		State:	Postcode:	
Country:		Personal Email:		
Phone Number:	Mobile:		Effective Date:	
Note: All Correspondence is s	ent to correspondence address and/or	Swinburne email address.		
CHANGE OF PERMANENT	ADDRESS IN HOME TOWN			
Number & Street:				
Suburb/Town/City:		State:	Postcode:	
Country:		Effective Date:		
CHANGE OF EMERGENC	Y DETAILS	Effective Date.		
Emergency Contact Person's				
Emergency Contact Person's				
Number & Street:				
Suburb/Town/City:		State:	Postcode:	
Country:	Relations		gency Contact's MyKad/ Passport No:	
Phone Number:	Mobile:	Email:	Effective Date:	
CHANGE OF RELIGIOUS V	/IFWS	Email	Ellective Date.	
	12110			-
Religion:				
DOCUMENTARY EVIDENCE				
records.	nology Sarawak Campus requires stud	ents to produce documentary evidenc	ce in support of requests for amendment to certain	student
Acceptable evidence includes documents.	original copies of documents such as	birth certificate, MyKad/passport, mar	rriage certificate, medical report, or other appropria	te supporting
This form may be submitted in	person at Student Information Centre	together with the appropriate original	documents for viewing at that time.	
AMENDMENT TO OTHER	PERSONAL DETAILS (DOCUMEN	TARY EVIDENCE REQUIRED)		
Title:				
	Surname:			
Given Names:	Sumame:			
		of Birth: Nationali	ity: Race:	
Given Names:		of Birth: Nationali	ity: Race: Spouse's MyKad/Passport No:	
Given Names:  MyKad/Passport Number:	Date o	of Birth: Nationali		

TYPE OF DOCUMENTARY EVIDENCE PI	ROVIDED			
Birth Certificate	Origi	nal sighted		
Marriage Certificate	_	inal sighted		
MyKad/Passport	Origi	nal sighted		
Medical Report	Origi	nal sighted		
Other	Origi	nal sighted		
DRIVAOV				
PRIVACY				
Swinburne University of Technology Sarawak (at: <a href="http://www.swinburne.edu.my/privacy">http://www.swinburne.edu.my/privacy</a> .	Campus collects, uses and destr	oys personal data in accordance v	with our Privacy Collection Notice. It	can be viewed
LODGEMENT OF FORM				
In Person: Str	udent Information Centre, stud c@swinburne.edu.my (submiss	lentHQ iion of this form MUST be via stud	ent's webmail)	
In Person: Str	@swinburne.edu.my (submiss		ent's webmail)	
In Person: Ste By email: sid	@swinburne.edu.my (submiss		ent's webmail)	
In Person: Ste By email: sid	@swinburne.edu.my (submiss		ent's webmail)	
In Person: Ste By email: sid	@swinburne.edu.my (submiss		ent's webmail)	
In Person: Str By email: sid Please ensure appropriate documentation is	@swinburne.edu.my (submiss		ent's webmail)	
In Person: St. By email: sic  Please ensure appropriate documentation is  Office Use Only  Proof of identification sighted	e@swinburne.edu.my (submiss provided	ion of this form MUST be via stud		