WELLS **WiC** INTERNATIONAL COLLEGE

CHANGE OF CONTACT DETAILS FORM

STUDENT DETAILS:

First Name:		Family Name:	
Student ID:		Date of Birth:	
Course Name:			

UPDATE CONTACT DETAILS:

Please tick the box and fill in the information which you would like to change.

○	**Current Address:** (Within Australia)				
	State:		**Postcode:**		
○	**Home Phone:**		**Mobile Phone:**		
○	**Email Address:**				
○	**Emergency Contact:**				

Student Signature:		Date:	/ /

OFFICE USE ONLY			
Documentation Received Date Stamp:		Updated By:	
		Updated Date:	/ /