

Change of Personal Details

FedUni Student ID Number	Program Code Year Level
Academic Career Undergraduate Postgraduate	Research Non Award
Campus or Provider and Location	Campus Code

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(CUP) or your educa-	ation provider bei	fore submit	ting it to St	udent Adi	ministration	n, Mt Hele	n Campus.
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Distribution List:

O School

O Student Fees

Partner Provider (PP) or Centre for University Partnerships (CUP) Noted: (If applicable.) PP or CUP Program Coordinator Name PP or CUP Program Coord. Signature Date D D / M M / Y Y Y Y Copy on file at PP or CUP. Original to be sent to Student Administration, Mt Helen.	YES
Student Administration, Mt Helen (Office Use)	
Entered by: (Please tic	ed ck) YES
Date DD MMM/YYYYY Graduation Office has be sent a copy (If applicab	en le) YES
Student ID Ca replaced (If applicab.	rd le)
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Comments	