

This form is to change your name with the University.
Evidence of your new name must also be attached to this form.

Personal Information. Private and Confidential

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

Copy on file at PP or CUP. Original to be sent to Student Administration, Mt Helen.

PRISMS Updated (If applicable)

YES

Student Administration, Mt Helen (Office Use)

Entered by:

Date

mySC Updated (Please tick)

YES

Graduation Office has been sent a copy (If applicable)

YES

Student ID Card replaced (If applicable)

YES

CUP has been sent a copy (If applicable)

YES

Comments