

# Request to Change Residency Status



This form is to be used by students to notify Melbourne Institute of Technology of your change in residency status from Temporary Student Visa to Permanent Resident Visa. You are not required to complete this form if your student visa has changed to any other temporary visa.

| Student Details   |   |   |   |   |  |  |  |  |        |  |  |
|---|---|---|---|---|--|--|--|--|--------|--|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |   |   |   |  |  |  |  |        |  |  |
| Student ID: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">I</td> <td style="width: 20px; height: 20px;">T</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>   |   | M | I | T |  |  |  |  |        |  |  |
| M   | I   | T |   |   |  |  |  |  |        |  |  |
| Given Name:   | Family Name:  |   |   |   |  |  |  |  |        |  |  |
| Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table><br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Day</span> <span>Month</span> <span>Year</span> </div> |   |   |   |   |  |  |  |  | Email: |  |  |
|   |   |   |   |   |  |  |  |  |        |  |  |
|   |   |   |   |   |  |  |  |  |        |  |  |
|   |   |   |   |   |  |  |  |  |        |  |  |
| Telephone Number:   |   |   |   |   |  |  |  |  |        |  |  |
| Address: .....<br>Suburb/Town/City .....    State .....    Post Code .....<br>Country .....   |   |   |   |   |  |  |  |  |        |  |  |

**Census Dates 2015:**    **Trimester 1: 10/03/2015**    **Trimester 2: 06/07/2015**    **Trimester 3: 02/11/2015**  
 Applications received after the relevant census date would not affect your fees status until the next teaching period.

| Student Declaration   |       |
|---|-------|
| I hereby notify Melbourne Institute of Technology of the change in my residency status. I understand that the information contained in this form shall be treated by Melbourne Institute of Technology as confidential. I certify that the information provided on this form and all documents submitted may be made available to Commonwealth and State agencies and the Fund Manager of ESOS Assurance Fund, pursuant to obligations under ESOS Act 2000 and National code. |       |
| I have read and understood the guidelines on this application form and declare that all information provided in this form including the evidence, is correct.   |       |
| Student Signature:  | Date: |

**OFFICE USE ONLY**

|  |  |  |  |  |  |  |   |  |  |  |  |  |  |                          |
|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--------------------------|
| Received<br><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  | Processed<br><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |  |  |  |  | Staff Signature<br>_____ |
|  |  |  |  |  |  |  |   |  |  |  |  |  |  |                          |
|  |  |  |  |  |  |  |   |  |  |  |  |  |  |                          |