

## 1. CURRENT PERSONAL DETAILS

Student Number           (8 or 10 digit no) Course \_\_\_\_\_

Title Mr  Ms  Mrs  Miss  Other \_\_\_\_\_ Family Name \_\_\_\_\_

Given names \_\_\_\_\_

Are you an International Student? (please tick as appropriate) Yes  No

## 2. CHANGE OF ADDRESS (you may also change your address on eStudent [www.jcu.edu.au/estudent](http://www.jcu.edu.au/estudent))

**PLEASE INDICATE YOUR PREFERRED MAILING ADDRESS BY TICKING ONE BOX ONLY. THIS IS WHERE JCU WILL SEND ANY HARDCOPY CORRESPONDENCE.**

**New permanent home residential address**  Preferred mailing address

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Home phone number \_\_\_\_\_

**New semester residential address** (this is where you live during the study period)  Preferred mailing address

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime phone number \_\_\_\_\_

**Emergency contact**

Name of emergency contact \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Daytime phone number \_\_\_\_\_

## 3. CHANGE OF NAME

Students who wish to change their name on University records should attach appropriate supporting documentation, such as a certified copy of a birth certificate or marriage certificate.

Title: Mr  Ms  Mrs  Miss  Other \_\_\_\_\_

New Family Name \_\_\_\_\_ New Given Name(s) \_\_\_\_\_

## 4. DECLARATION

I hereby declare that all the information given on this form is complete and correct in all respects.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 5. PLEASE RETURN THIS COMPLETED FORM TO THE APPROPRIATE CAMPUS:

Student Enquiry Centre  
 James Cook University  
 P O Box 6811 Cairns Qld 4870  
 Tel: 07 4042 1000

Student Enquiry Centre  
 James Cook University  
 Townsville Qld 4811  
 Tel: 07 4781 5255

Address entered	Name change entered
by..... /.../.../...	by..... /.../.../...
ISC advised /.../.../...	