

THE COLLEGE OF LAW PROFESSIONAL PROGRAM

NOTIFICATION OF CHANGE OF PERSONAL INFORMATION

Date: _____

Student No: _____

Course Code: _____

Surname: _____

Given Name: _____

Please change my: **Correspondence Address**

Permanent Address

Address: _____

_____ State: _____ Postcode: _____

Phone (Home): _____ (Work): _____ (Mobile): _____

Email: _____