

<input type="text"/>	<input type="text"/>	<input type="text"/>
FedUni Student ID Number	Program Code	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>
Campus or Provider and Location	Campus Code	

## Change of Contact Details

**Students studying in Australia can update their contact details online using my Student Centre located at [mysc.federation.edu.au](http://mysc.federation.edu.au)**

Official Federation University Australia correspondence throughout the year, including breaks, will be sent to your nominated mailing address or your University email account. The University is not responsible if official correspondence fails to reach a student who has not notified their change of address.

**Personal Details:** Title  First Name

Other Names

Family Name

Date of Birth  /  /  Gender Male  Female

**Are you an International Student studying in Australia?** Yes  No

*International students are required to have this form signed by a representative from Centre for University Partnerships (CUP) or your education provider before submitting it to Student Administration, Mt Helen Campus. International Students must notify change of address to CUP or your education provider within seven (7) days.*

**Contact Details: I wish to advise the University of the following change/s to my:**

Change my: **Permanent home address** (overseas home address if applicable)

Suburb/Town/City

Country  State  Post Code

Change my: **Home address during Semester:**

Suburb/Town/City

Country  State  Post Code

Change my: **Mailing address during Semester and Lecture Breaks:**

Suburb/Town/City

Country  State  Post Code

Change my: **Contact telephone numbers during Semester and Lecture Breaks:**

Semester Home (  )

Lecture Break Home (  )

Australian Mobile

} Please indicate preferred telephone contact

Change my: **Home eMail**

**Change my contact details from:**  The date lodged at Student Administration, Mt Helen Campus **or**  The following date  /  /

**Declaration:** I declare that I have read the instructions and that the information submitted on and with this form is complete and accurate in all respects. I acknowledge that the provision of incorrect information may result in the termination of my enrolment with Federation University Australia. I agree to release and indemnify the University and its officers, employees, agents, partners and contractors from and against any liability, claim, action, demand, loss or expense (including legal costs) arising out of or in any way connected with the provision of incorrect information. I authorise the University to amend my contact details effective from the date indicated above.

Student Signature  Date  /  /

Distribution List:  Student Administration  School

**Partner Provider (PP) or Centre for University Partnerships (CUP) Noted:** *(If applicable.)*

PP or CUP Program  
Coordinator Name

PRISMS Updated  
(If applicable)  YES

PP or CUP Program  
Coord. Signature

Date   /   /

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

**Student Administration, Mt Helen (Office Use)**

mySC Updated  
(Please tick)  YES

Entered by:

CUP has been sent a copy  
(If applicable)  YES

Date   /   /

**Comments**