



Amendment to Personal Details

CURRENT PERSONAL DETAILS

Student Number: Title:

Surname:

Given Names:

CHANGE OF CORRESPONDENCE DETAILS (IN KUCHING)

Number & Street:

Suburb/Town/City: State: Postcode:

Country: Personal Email:

Phone Number: Mobile: Effective Date:

Note: All Correspondence is sent to correspondence address and/or Swinburne email address.

CHANGE OF PERMANENT ADDRESS IN HOME TOWN

Number & Street:

Suburb/Town/City: State: Postcode:

Country: Effective Date:

CHANGE OF EMERGENCY DETAILS

Emergency Contact Person's Surname:

Emergency Contact Person's Given Names:

Number & Street:

Suburb/Town/City: State: Postcode:

Country: Relationship: Emergency Contact's MyKad/ Passport No:

Phone Number: Mobile: Email: Effective Date:

CHANGE OF RELIGIOUS VIEWS

Religion:

DOCUMENTARY EVIDENCE

Swinburne University of Technology Sarawak Campus requires students to produce documentary evidence in support of requests for amendment to certain student records.

Acceptable evidence includes original copies of documents such as MyKad, passport, birth certificate, marriage certificate, medical report, or other appropriate supporting documents. This form may be submitted in person at Student Information Centre together with the appropriate original documents for viewing at that time.

AMENDMENT TO OTHER PERSONAL DETAILS (DOCUMENTARY EVIDENCE REQUIRED)

Title: Surname:

Given Names:

MyKad/Passport Number: Date of Birth: Nationality: Race:

Marital Status: Spouse's Name: Spouse's MyKad/Passport No:

Gender: Other information:

Health Conditions/Special Needs:

TYPE OF DOCUMENTARY EVIDENCE PROVIDED

Birth Certificate	Original sighted
Marriage Certificate	Original sighted
MyKad/Passport	Original sighted
Medical Report	Original sighted
Other <input type="text"/>	Original sighted

PRIVACY

Swinburne University of Technology Sarawak Campus collects, uses and destroys personal data in accordance with our Privacy Collection Notice. It can be viewed at: <http://www.swinburne.edu.my/privacy>.

LODGEMENT OF FORM

In Person : **Student Information and Records, studentHQ**
By email : **sic@swinburne.edu.my** (submission of this form **MUST** be via Swinburne Student Email)

Please ensure appropriate documentation is provided

Office Use Only

Proof of identification sighted <i>(Only for forms submitted in person)</i>	<input type="checkbox"/> Student ID	<input type="checkbox"/> MyKad	<input type="checkbox"/> Passport
Received and checked by <i>(Response must be within 21 working days of receipt)</i>	Signature		Date
Completed by	Signature		Date