



HDR19 – HIGHER DEGREES BY RESEARCH

CHANGE OF ADDRESS

Please complete this form and return to the Graduate School Director. Return address details are located at the top of the form. Candidates should retain a copy for their own record.

SECTION 1 - CURRENT CONTACT DETAILS

Student no.	_____	Surname	_____
Given names	_____	Preferred name	_____
Date of birth	_____	Phone no.	_____
Email	_____	Program name	_____
Primary Supervisor	_____		

SECTION 2 - UPDATED CONTACT DETAILS

only complete those details which have changed

Postal address

Number & Street	_____	Phone no.	_____
Suburb/Town	_____	Fax (if available)	_____
State	_____	Postcode	_____
New email	_____		

Home address - if different from postal

Number & Street	_____	State	_____	Postcode	_____
Suburb/Town	_____				

SECTION 3 - SIGNATURES

Student	_____	Date:	_____
Graduate School Director.	_____	Date:	_____

OFFICE USE ONLY

Logged in Callista

Yes No

Responsible Officer

Date logged

Primary Supervisor notified

Yes No

Responsible Officer

Date notified
