

CHANGE OF STUDENT INFORMATION FORM

The following form is to be completed by students wishing to change their student information details with Southern Cross Education Institute. It is the responsibility of the student to ensure that all information supplied is correct and up to date.

STUDENT DETAILS

Student ID:			
Student Name:			
Old Address:		New Address:	
Old Phone Number:		New Phone Number:	
Old Mobile Number:		New Mobile Number:	
E-mail: (Please print clearly)			

EMERGENCY CONTACT DETAILS

First Name:			
Surname:			
Phone No.:			
Mobile No:			

STUDENT DECLARATION

I hereby declare that all the information provided in this form is true and correct.

STUDENT'S SIGNATURE

DATE

IMPORTANT NOTICE!!

- **This form MUST be submitted to the Reception in order to avoid loss or delay in processing of this Application.**
- **Ensure that all the supporting documents (if applicable) are attached with this application.**
- **Ensure that this application form and supporting documents that you are submitting are checked by the staff receiving your application.**

THIS PAGE IS FOR OFFICE USE ONLY

STOP 1: RECEIVING APPLICATION

This section is to be completed by the **SCEI staff who is receiving** the application from the student.

All Required Sections Completed

Student Details Provided

Student Signature

Staff Name _____

Staff Signature _____

Date _____

Please forward this to the Campus Manager for assessment.

STOP 2: UPDATE PRISMS, WISENET AND SAASU

This section is to be completed by the **Administration Manager and/or delegate** who is updating the information in PRISMS, WISENET and SAASU.

Student Details Updated in PRISMS

Student Details Updated in WISENET

Student Details Updated in SAASU

Staff Name _____

Staff Signature _____

Date _____

Please forward this to the Administration Manager for filing.

STOP 3: FILING

This section is to be completed by the **Administration Manager and/or delegate** who is filing this application and all supporting documents in the student's admin file.

Stop 1 and Stop 2 have been completed

Staff Name _____

Staff Signature _____

Date _____

Please file in the student admin file.