

CHANGE OF PERSONAL DETAILS

STUDENT NUMBER (New students to leave blank)		
Semester 1	Semester 2	

SECTION A: PERSONAL DETAILS			
TITLE Prof Dr Mr Mrs Ms Miss	Other GENDER Male Female		
SURNAME As per ID Document PREFERRED NAME For a change in surname please attach a certified copy of new ID.			
FIRST NAME(S) As per ID Document			
ID NO	DATE OF BIRTH D D M M Y Y Y Y		
CONTACT DETAILS (complete only if details have changed)			
TELEPHONE NO. WORK: () HO	DME: ()		
FAX: () CE	ELL PHONE:		
EMAIL:			
ADDRESS DETAILS (complete only if details have changed)			
POSTAL ADDRESS			
	POSTAL CODE		
WORK DETAILS (complete only if details have changed)			
WORK DETAILS (complete only if details have changed)			
OCCUPATION NA	AME OF EMPLOYER		
STUDENT DECLARATION			
 I have read the IMM Graduate School Prospectus and Student Yearbook. I understand and accept all policies and procedures pertaining to the IMM Graduate School. I understand and accept that should I withdraw from the programme at any time, I will give written notice of my intention and immediately pay all monies owing. 			
STUDENT SIGNATURE	/ 20		
FOR OFFICE USE ONLY			
Consultant name: Date application was received: Date	te application was updated: Authorised by:		

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