

REGISTRATION DATE: .../...../.....

Ref. No. (REG 17 - A)

Student Personal Data Change Request Form

Student Name:			
Major:		Enrolment Year:	
Faculty:		Graduate Year:	

Please note: Proper documentation is required for changes to be processed.

- **Name Change-** Must provide Court Decision documents.
- **Misspelled Name-** Must provide a Passport Copy / Translated High School Certificate.
- **Date of Birth-** Must provide Translated High School Certificate / Identification Card.

From	To
Full Name: _____	Full Name: _____
Date of Birth: / /.....	Date of Birth: / /.....

Student Signature: _____

Attachments:

Check	Document Type
<input type="checkbox"/>	Court Decision
<input type="checkbox"/>	Passport Copy
<input type="checkbox"/>	Translated High School Certificate
<input type="checkbox"/>	Identification Card
<input type="checkbox"/>	Others

Registration & Admission

Archives Office

Graduate Office
