



Student Notification of Change of Address Details

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: info@ashmark.edu.au <http://www.ashmark.edu.au>

* PLEASE USE CAPITAL LETTERS ONLY

File Ref. No: ____/____/____

Personal details*

FAMILY NAME: _____

GIVEN NAME: _____

GENDER: Male: Female: DATE OF BIRTH: __/__/____

CONTACT NO: _____ GROUP: _____

STUDENT ID NO: _____ EMAIL: _____

COURSE: (please tick ✓)

- Certificate III in Automotive Mechanical Technology
- Certificate III in ESL (Further Study)
- Diploma of Management

Change of Address Details*

PREVIOUS ADDRESS

NEW ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____ POST CODE: _____	_____ POST CODE: _____

I agree to advise The Ashmark Institute of Australia of any change of my address within 7 days while I am enrolled in the course

Student's Signature: _____ Date: _____

* Please allow 5-7 working days for the application to be processed.

Update in PRISMS Signature: _____ Date: _____

Updated in Wise Net Signature: _____ Date: _____

Scanned & Sent by (Name): _____ Date: _____

Signature: _____