

STUDENT ID NUMBER

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**FNU FIJI NATIONAL UNIVERSITY**P.O. Box 7222 Nasinu FIJI. Telephone: (679)3934000/(679)3381044 Facsimile: (679)3393230
Website: www.fnu.ac.fj**SAS 08****UPDATE OF STUDENT PERSONAL DETAILS FORM**

Please complete all sections of this form.

Please use block letters.

Tick boxes where appropriate

A PERSONAL DETAILSSurname: _____ First Name: _____
Other Name(s): _____ Date of Birth: _____
(DD/MM/YY)**B REQUESTED CHANGES**
 Update Name

 Update Phone Contact

 Update Address
NAME (Please attach the Original Birth certificate for verification)

Update Name to: _____

PHONE CONTACT

Update Mobile Number to: _____

Update Telephone Number to: _____

ADDRESSUpdate Postal Address to: _____

_____Update Work Address to: _____

_____Update Emergency Address to: _____

_____Update Term Address to (where you live while studying @ FNU): _____

_____**Email Address**

Work: _____

Personal: _____

Student Signature_____
Date (DD/YY/MM)**C FOR OFFICIAL USE ONLY****STUDENT ACADEMIC SERVICES**

SAS Officer: _____

Date: _____

(DD/MM/YY)

Stamp: _____