



• REQUEST FOR CHANGE TO PERSONAL DETAILS

This form is also available on the USP website: www.usp.ac.fj/forms

All forms submitted for requesting a change of name or date of birth must be submitted with appropriate certified copies of supporting documentation. Mark appropriate answer boxes with a cross (X).

SECTION A: PERSONAL DETAILS

Family Name: Student ID Number:
 Given Name(s):

SECTION B: CHANGE OF NAME AND DATE OF BIRTH

If you propose to change your name from that recorded upon admission to the University, you should submit your request with the appropriate supporting documentation (e.g birth certificate or marriage certificate). A driver's licence is not acceptable. If you provide copies of documentation make sure these copies are properly certified by a Justice of the Peace, a Commissioner of Declarations, or USP Student Service Centre staff.

New Title: Mr Mrs Ms Miss Dr Other _____

New Surname: _____

New Given Names: _____

Correct Date of Birth:
Day Month Year

SECTION C: CHANGE OF MAILING AND VACATION ADDRESS

The University records two addresses for correspondence:

i. Mailing Address: Correspondence can be sent to this address during the semester.

ii. Vacation Address: Correspondence can be sent to this address during the semester break

You are required to provide reliable address details for correspondence with the University and must promptly notify the University of any change to address. Failure to receive University correspondence because of a change of address is not sufficient excuse for missing a deadline or an obligation.

New Mailing Address: _____ New Vacation Address: _____

Telephone: _____ Mobile: _____

Personal Email: _____

SECTION D: CHANGE OF EMERGENCY CONTACT

Please provide the name and a residential address of a person who can be contacted on your behalf in case of an emergency. Please circle P/S/F/O to indicate the relationship of the person whose name you have given.

Name: _____ P - Parent O - Other family member
 Residential Address: _____ S - Spouse F - Non-family member
 _____ Telephone: _____

SECTION E: DECLARATION

By submitting this application I agree to obey the statutes and rules of The University of the South Pacific as far as they apply to me. I declare that to the best of my knowledge the information supplied by me is true, correct and complete in every respect. I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in cancellation of my enrolment or delays in processing.

Student's Signature: _____ Date: _____

OFFICIAL USE ONLY

Banner Update: Initial: _____ Date: _____