

Division of Higher Education and Research

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HDR19 – HIGHER DEGREES BY RESEARCH CHANGE OF ADDRESS

Please complete this form and return to the Graduate School Director. Return address details are located at the top of the form.

Candidates should retain a copy for their own record.

SECTION 1 - CURRENT CONTACT D	PETAILS		
Student no.		Surname	
Given names		Preferred name	e
Date of birth		Phone no.	
Email	_	Program name	e
Primary Supervisor			
SECTION 2 - UPDATED CONTACT I	DETAILS		
only complete those details which have changed			
Postal address			
Number & Street		Phone no.	
Suburb/Town		Fax (if available)	
State	Postcode	New email	
Home address - if different from postal			
Number & Street		State	Postcode
Suburb/Town			
SECTION 3 - SIGNATURES			
Student			Date:
			Date.
Graduate School Director.			Date:
OFFICE USE ONLY			
Logged in Callista	O Yes O No		
Responsible Officer			
Date logged			
Primary Supervisor notified	O Yes O No		
Responsible Officer			
Responsible Officer Date notified			

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