



INTERNATIONAL MEDICAL UNIVERSITY  
MALAYSIA

# CHANGE OF STUDENT DATA FORM

<b>Name</b> (as in NRIC/Passport)	
<b>Student ID</b>	<b>NRIC/Passport no.</b>

Please tick (✓) where applicable and provide the particulars (in block **CAPITALS**) that you would want us to update in your student data. Kindly return this form to **Academic Services**.

## STUDENT PARTICULARS

Address	
Home phone no.	
Mobile phone no.	
Passport no.	please provide supporting document
Email address	

## PARENT/GUARDIAN PARTICULARS

Address	
Home phone no.	
Mobile phone no.	
Email address	

## BILLING

Address	
Home phone no.	
Mobile phone no.	
Email address	

## DECLARATION

I hereby declare that all particulars provided by me are true and complete.	<b>Signature of student</b>
	Name
	Date    /    /

## FOR OFFICE USE

Updated by:	
Name	Signature
	Date    /    /