

St. Peter's College of London

Repository of knowledge...



Date: _____

Notification for Change of Circumstances

Full Name

_____ (First)

_____ (Middle)

_____ (Last)

Student Ref :

Course

Date of Birth

Please tick (✓) as appropriate:

1. Change of Address

2. Change of Contact Number

3. Change of Email

4. Other

Please fill up the required changes below:

1. Address (New)

(Line1)

(Line 2)

Post Code:

2. Contact No.
(New)

3. Email Address
(New)

4. Other :

Student Signature:

Date:

Official Use Only (Remarks)

Signature

Date