

Received No.	AA.03
Received by.	Date

Biographical Information Change Form

			Date	Month	Year
	s.) First Name Email				
Student ID					
Degree of Study	y: Bachelor's Degree	Master's Degree	2		al Degree
Field of Study	Facu	Ilty			
Reason (s) for c	changing biographical information (att	ach supporting docume	nts)		
	1. Change first name from	to			
	2. Change surname from	to .			
	3. Change the name title from		to		
	4. Change the address according to t	he household registration	on.		
	from	•			
	to				
	5. Change the current address from .		to		
	6. Others (please specify)				
Attachment: Si certify them	tudent is required to attach supportin	g documents that prove	s the cha	nges and also t	o self-
	1. A copy of government issued name	e change documentatio	n.		
	2. A copy of government issued title	change documentation.			
	3. A copy of current household regist	tration.			
	4. Others (Please Specify)				
	f name change, student is required to f Academic Affairs to obtain the form				

Student's signature	
	()

1. <u>Process within the Office of Academic Affairs.</u>

1.1 Director	Denied	1.2 Manager / SRD C	Dfficer Did not process
Signature			
()/ /	()//

Instructions to submit the Request Form to Change Student's Profile

