



QIBA Student Change of Details Form

I am a student of QIBA and wish to advise a change of:

Name

Home Address

Contact Details (mobile or email)

CURRENT Personal Details

Student ID:		Gender:	
Family name:		Date of Birth:	
Given name/s:			
Street Address:			
Suburb:		Post code:	
Mobile:			
Email Address:			
Program:	PYP	VET	ELICOS
Campus:			
Course Name:			

NEW & UPDATED Personal Details (complete where applicable)

Student ID:		Gender:	
Family name:			
Given name/s:			
Address:			
Suburb:		Post code:	
Mobile:			
Email Address:			

Student Name:

Student Signature:

(use either field)

Date:



QUEENSLAND
INTERNATIONAL
BUSINESS
ACADEMY

Level 2, 108 Margaret Street BRISBANE QLD 4000 t: 07 3186 6449

Level 10, 140 Elizabeth Street SYDNEY NSW 2000 t: 02 9267 3040

Level 1, 15 Moore Street Canberra ACT 2601 t: 02 9267 3040

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QIBA Pty Ltd | ABN: 35 071 667 108 | RTO Code: 5304 | CRICOS Provider Code: 01515J

Office Use Only	
Details Updated in AXcelerate:	Yes No
Processed by:	
Signature:	Date: