



Registrar's Office  
Triq Dom Minotff, Bormla, BML 1013, Malta  
+356 2169 6970, [registrar@aum.edu.mt](mailto:registrar@aum.edu.mt)

## CHANGE OF ADDRESS / STATUS

To Be Completed by Student

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_

Type of Request of Change:

- \_\_\_\_\_ Name (documented proof required)
- \_\_\_\_\_ Address
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

New Address: \_\_\_\_\_ Malta Address \_\_\_\_\_ Permanent (Parent/Legal Guardian) Address

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

City \_\_\_\_\_

Postal Code / Country \_\_\_\_\_

New Phone Number

\_\_\_\_\_ Mobile \_\_\_\_\_

\_\_\_\_\_ Landline \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Processed by Registrar's Office:

Date: \_\_\_\_\_ RO Staff Name: \_\_\_\_\_