DEANSHIP *of* ENROLLMENT & REGISTRATION

Office of the Registrar

Autodate/time:_____

SN# _____

CHANGE OF INFORMATION FORM

Student Name		Student ID	
Fill only the information you wish to change		Date:	

Change my Name to:

First Name	Middle Name	Last Name

NEW CONTACT NUMBERS (if any)			
New Mobile Number		New Home Phone Number	

NEW EMAIL ADDRESSES (if any)			
PMU Email Address		Personal Email Address	

New Mailing Address (if any)			
Street Name		Crossed Street	
Area		City	
Postal Code		Country	

New National Information (if any)			
National ID/Iqama#		Expiry Date	
Passport Number		Expiry Date	
Visa Number		Expiry Date	
Visa Type (for Non-GCC)			

• *Please submit a copy of new Iqama or Passport*

Student Signature:	Date:
Student's Parent Signature:	Date:

Copies: Green - Registrar Office Copy
White - Student Copy