

CHANGE OF INFORMATION FORM

Student Name		Student ID	
<i>Fill only the information you wish to change</i>		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