



# Prince Mohammad Bin Fahd University

## Office of the Registrar

Office of the Registrar Use Only
Autodate/time: _____
SN# _____

### Change of Information Form

Student Name			
Student ID		Date	

*Fill only the information you wish to change*

#### Change my Name

From			
	First Name	Middle Name	Last Name
To			
	First Name	Middle Name	Last Name

#### New Contact Numbers *(if any)*

New Mobile Number		New Home Number	
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#### New Email Address *(if any)*

PMU Email Address		Personal Email Address	
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#### New Mailing Address *(if any)*

Street Name		Unit Number	
Area		City	
Postal Code		Country	

#### New National ID Information *(if any)*

National ID/Iqama Number	From		Expiry Date		Attach Copy <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	To				<input type="checkbox"/>			
Passport Number	From		Expiry Date		Attach Copy <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	To				<input type="checkbox"/>			
Visa Number	From		Expiry Date		Attach Copy <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	To				<input type="checkbox"/>			
Visa Type (for No-GCC)								

*Please attach a copy of new iqama, passport or visa*

Student Name	Signature	Date
Parent Name	Signature	Date

#### For Registrar's Office Use Only

Verified and Processed by		
Name	Signature	Date