



By filling-in this form, you agree that KPJ Healthcare University may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your data, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection policy available at our website <http://www.kpju.edu.my>

CHANGE OF STUDENT'S INFORMATION FORM

Student Full Name : _____

RIC No. / Passport No. : _____

Contact No. (House) : _____

(Mobile) : _____

Email : _____

Programme : _____

Group / Intake : _____

Student ID No. : _____

INFORMATION CHANGE

No	Item / Description	Current Data	Change To
1.			
2.			
3.			
4.			

I certify that all information's given above is true and correct to the best of my knowledge.

Student signature : _____

Date : _____