

CHANGE OF ADDRESS FORM

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POST: IELTS Office
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St Lucia, Brisbane QLD

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EMAIL: ieltsregistration@icte.uq.edu.au

1. PERSONAL DETAILS

Family Name

Given Name

Gender Male Female Date of birth DATE MONTH YEAR

Email

2. TEST REGISTRATION DETAILS

Test Date DATE MONTH YEAR

Module General Training Academic

Test Venue UQ St Lucia City (Spring Hill)

3. ADDRESS DETAILS

PREVIOUS ADDRESS Street Address

Suburb State

Country Postcode

NEW ADDRESS Street Address

Suburb State

Country Postcode

3. SIGNATURE - Please note: Unsigned forms can not be accepted.

SIGNATURE _____ DATE _____