

FAX BACK FORM

Fax no: 021-5290 2849

Name :

Date of birth :

Field of study/faculty :
(if you have more than one degrees at the University of Melbourne, choose the last one)

Graduation year :

Contact address :

Phone :

Mobile phone :

Email address :

Current work/activity :

Employer/organisation :

Position :

Address :

Work phone :

Interests :