REQUISITION FOR ADDRESS CHANGE

From :

SDE Campus

Date: .....

To

The Director
School of Distance Education
Andhra University
Visakhapatnam

Sir,

I request you to kindly arrange to change my address. My particulars are given below for your reference.

Name (in block letters) :

Code No. (full) :

Course :

From	To
Old Address	New Address

Yours faithfully,

FOR OFFICE USE ONLY

To

The Computers Division
School of Distance Education
Andhra University, Visakhapatam

Sir,

Please arrange to change the address of the candidate.

Date : _____

Time : _____

Learner Interface