# 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**