

Student Documentation Request Form

APPLICANT DETAILS	
First Name	
Last Name	
Date of Birth	
Email	
Mobile Phone	
Address Line 1	
Address Line 2	
Course	
Course Start Date	
Student ID (if available)	

DOCUMENTATION DETAILS

Enrolment Certificate
Statement of Attainment
Study Break Certificate
Completion Letter

STU	DENT	DECL	ION

Please specify reason for request

Signature:

Date:

PLEASE ALLOW 5 WORKING DAYS TO COMPLETE YOUR REQUEST.

NOTE: REQUEST WILL NOT BE PROCESSED IF A STUDENT HAS ACCUMMULATED OUTSTANDING FEES. PLEASE REFER TO THE INSTITUE'S TUITION FEES PAYMENT POLICY.

OFFICE USE ONLY		
Received by		
Position		
Date received		
Date and Method Document has been submitted		
If rejected, reason for rejection		
Date student has been notified of rejection		