

Student Request Form for Academic Result



Your request can be collected after five (5) working days unless otherwise noted on this form.
Request lesser than (5) working days will incur \$50 fee.

Your Details

Student Number:	Course Enrolled In:
Given/First name:	
Family name:	
Address (Where notification of outcome will be sent)	
State:	Post Code:
Email:	
Contact Phone:	Mobile:

Collection

<input type="checkbox"/> Personally come to collect	OR	<input type="checkbox"/> Post to address (Local: \$10 Overseas: \$30)
Date:	Time:	
NB: Document must be collected within 7 working days of anticipated collection date		

Statement Required

- Statement of Attainment
- Interim Results
- Official Transcript
- Certificate
- Certificate III
- Certificate IV
- Diploma
- Adv Diploma
- Other Certificate of Completion
- Letter of Completion
- Certificate III
- Certificate IV
- Diploma
- Adv Diploma)

COMPLETION CHECKLIST (Please Tick)

- All my fees are up to date
- All My Library status is clear
- I have fully completed all requirements for the requested documents

I declare that the information provided is true and correct, and I have checked my results for outstanding NYC's.

Student Signature: _____

Date: _____

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Form Number: R-2	Version: 2	Date Created: December 2009
Date Implemented: January 2010	Responsibility: Director of Studies	Last Reviewed: January 2013

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For office use only

Received by: _____ Date: _____

Processed Date: _____

Issued By: _____ Date: _____

Signature: _____

Update RTO Manager

Update student File

Update Academic File

Completion Checklist

Transcripts:

Stamped

Signed

Photocopied

Update Award Register

Completion Letter:

Stamped

Photocopied

Check Academic File

Awards:

Signed

Photocopied

Fees Cleared:

Signed

Collected By (*Print Name*)

Signature

Date