



Academic Result Request Form

Student Details

Student ID:

Course enrolled in:

Given/first name:

DOB (DD/MM/YY):

Family name:

Address (where notification of outcome will be sent)

State:

Post code:

Email:

Contact phone:

Mobile:

Collection

Personally come to collect

OR

Posted to address (Local: \$30 Overseas: \$100)

Date:

Time:

NB: Document must be collected within 7 working days of anticipated collection date

Statement required

Statement of Attainment

Interim Results

Official Transcript /Qualification

- ◆ Certificate IV in Business
- ◆ Certificate IV in Accounting
- ◆ Certificate IV in Information Technology
- ◆ Diploma of Business
- ◆ Diploma of Accounting
- ◆ Diploma of Information Technology
- ◆ Advanced Diploma of Business
- ◆ Advanced Diploma of Accounting
- ◆ Advanced Diploma of Information Technology
- ◆ Advanced Diploma of Leadership and Management

Please specify course name and code: _____

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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Note: Your request can be collected after five (5) working days from Student Service Officer (SSO) at reception. Request lesser than (5) working days will incur A\$50 fee.

For office use only

Received by: _____

Date: _____

Given By: _____

Date: _____

Signature: _____

Completion checklist

Transcript/Statement of Attainment:

Stamped Signed Photocopied Update Certificate Register

Certificate:

Stamped Photocopied Check Academic File

Certificate:

Signed Photocopied

Fees Cleared:

Signed _____

Collected by (*print name*)

Signature: _____

Date: _____