



Request for Qualifications, Certificates, Academic Records, Letters of Attendance

Name: _____ Student No: _____
Please PRINT student's name EXACTLY as they want it to appear on qualifications etc

Phone No/s: (W) _____ (H) _____ Mobile _____

Date Requested: _____ Requested by: _____ Date of Birth: (I.D. Purposes) _____

N.B. • Please allow approximately 2-3 weeks for your request.

• Professional Training Program (i.e. Bachelor/Adv Diploma/Diploma/Certificate IV) requests must only be submitted if all components are completed including a First Aid Certificate & Student Clinic.

Name & Type of Request:

Qualification (Bachelor/Advanced Diploma/Diploma/Cert IV i.e. Professional Training Program):

Letter of outstanding Professional Training Program components: _____

Certificate Subject: _____

Certificates are not available for all courses.

Academic Record ie: ATMS University

Letter of Attendance (Workshops Only): _____

Comments: _____

If requesting a Qualification (Bachelor, Advanced Diploma, Diploma, Cert IV) has student completed ALL course requirements, including the following:

First Aid Certificate: Completed (date): _____ Copy in file? Yes No

Student Clinic: Completed (date): _____

Any Library Books / Fines Outstanding?

Yes No

Paid Professional Training Program Enrolment Fee?

Yes No Not applicable

All course fees (including clinic fees) paid (date): _____ Checked by: _____

If answer is **NO** to any of above, please give details below:

(Please note: Qualifications, Certificates, Academic Records or Letters of Attendance will not be issued if there are any fees outstanding).

Student will collect Qualification / Certificate etc from the College Yes

Please mail Qualification / Certificate to student at the address below (fee \$5.00 for Postage & Handling) Yes

Mailing Address: _____

Postcode: _____