# Student Request Form

**Personal Details:**
* Please note that all requests will be processed in 14 working days.

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Gender: Male ☐ Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Student ID No:</td>
<td>Group:</td>
</tr>
<tr>
<td>Email:</td>
<td>Mobile:</td>
</tr>
</tbody>
</table>

I would like to request:
- ☐ Record of results
- ☐ Testamur
- ☐ Course Completion letter
- ☐ Statement of Attainment
- ☐ Visitors Invitation letter
- ☐ 51% Completion letter
- ☐ Personal Records
- ☐ Others (please specify)

## Course
- ☐ BSB40215 Certificate IV Business
- ☐ BSB60215 Advanced Diploma of Business
- ☐ CPC50308 Diploma of Building and Construction (Management)
- ☐ SIT30813 Certificate III in Commercial Cookery
- ☐ SIT50416 Diploma of Hospitality Management
- ☐ BSB51915 Diploma of Leadership and Management
- ☐ BSB50215 Diploma of Business
- ☐ CPC30611 Certificate III in Painting and Decorating
- ☐ BSB51215 Diploma of Marketing
- ☐ BSB60515 Advanced Diploma of Marketing
- ☐ SIT40413 Certificate IV in Commercial Cookery
- ☐ SIT60316 Advanced Diploma of Hospitality Management
- ☐ BSB51215 Diploma of Leadership and Management
- ☐ BSB61015 Advanced Diploma of Leadership and Management

- ☐ SIT40413 Certificate IV in Commercial Cookery
- ☐ SIT60316 Advanced Diploma of Hospitality Management
- ☐ BSB61015 Advanced Diploma of Leadership and Management

**Student Signature:** ____________________________  **Date:** ____________________________

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**Office Use Only**

<table>
<thead>
<tr>
<th>Received By:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Department Check List**

- ☐ Student has paid the full course fee.
- ☐ Student has completed units of competency

**Receiving Details**

I hereby declare that I have received the requested documents.

**Student Signature:** ____________________________  **Date:** ____________________________

**Issuing Staff Signature:** ____________________________  **Date:** ____________________________