

Australian Institute of Science and Technology RTO Code: 30645 CRICOS Provider Code: 03677G ABN: 13

103 369 151 ACN: 103 369 151

Level 2, 206–208 Liverpool Road, ASHFIELD NSW 2131, Australia Ph.: +61 2 8021 3335

www.aist.edu.au info@aist.edu.au

SA-FM-004 STUDENT REQUEST FORM

Section A: Personal Details								
Student ID				Date				
Surname				Given Name				
Home Address								
Suburb			State & Postcode					
Telephone Number	Email Address							
Terms and Conditions 1. I will comply with all laws and regulations of Australia and NSW, including all requirements for students. 2. I will provide the appropriate documentation when unable to attend my class. 3. I will be active and participate in all class activities and assessments. 4. I will show respect to students, colleagues, teachers and staff.								
 I will update Australian Institute of Science and Technology of any changes with my current information. I will be responsible for any action that causes harm or damage to students, colleagues, teachers, staff, equipment, furniture and/or property. I agree that all late payments of fees will incur an interest charge. I know that I have to pay the administrative fee to complete my request. I agree that any request will take 10 working days to be processed after submission of this form. 								
Requests (Please tick ☑)								
Final Certificate \$0		Final Certificate (Re-issue) \$50		Confirmation Letter \$50		Certificate Postage \$15		
Statement of Attainment - SOA \$5	50 🗆	Change of Course \$100		RPL \$100 Per unit		Credit Transfer \$100		
Leave of Absence \$50		Interim Academic Transcript \$50		Review of Grade \$250		Student Card Replacement \$30		
Re-Enrolment \$500		Re-Issue CoE \$100		Reassessment • 1st, 2nd (no charge) • 3rd (\$400)		Instalment Plan \$50		
Comments/Reason								
<u>Declaration</u>								
conditions and agree to I accept that this may o	o abide by cause car	y those rules and any sub ncellation of my enrolmen	seque		formatio	on is false or has been w		
Student's Signature			Date		/			



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Section B: Office Use Only								
Student Services Officer								
Received By								
Administration Charge: \$ Fee Information: Paid □ Not Paid □								
Document Entered Date/								
Trainer/Assessor (only applicable for Certificate/SOA and interim transcript processing and generation)								
I, declare and confirm that I have checked assessment outcomes of all unit of competency in the course the student is wanting certificate or SOA in.								
Trainer/Assessor Name								
Trainer/Assessor Signature								
Compliance Manager (only applicable for Certificate/SOA and interim transcript processing and generation)								
I, declare and confirm that I have checked assessment outcomes of all unit of competency in the course the student is wanting certificate or SOA in.								
Compliance Manager Name								
Compliance Manager Signature								
Chief Executive Officer/Principal Executive Officer (only applicable for Certificate/SOA and interim transcript processing and generation)								
I, declare and confirm that I have checked assessment outcomes of all unit of competency in the course the student is wanting certificate or SOA in.								
CEO/PEO Name								
CEO/PEO Signature								
Student Services Officer								
I, declare and confirm that the requested document is/are generated and issued to the student on date/								
SSO Name								
SSO Signature								