



## Application for Award of Course Completion/Transcript

**Student Name:**

**Student ID**

Course(s)enrolled in

S.No	Courses	Tick against required course
1		
2		
3		
4		
5		
6		
7		
8		
9		
<b>Other Superseded Courses</b>		

State the requirement by ticking the box(s) below.

- Transcript
- Statement of Attainment
- Statement of results
- Certificate

<b>Student Signature</b>	<b>Mobile Number:</b>
<b>Date</b>	<b>E: mail:</b>

**Complete this part upon receipt of the requested document(s)**

**Student Signature:**

**Date Received:**

### Office Use Only

<b>1. Academic Department</b>	
Student Achieved	<input type="checkbox"/> Obtain client report printout <input type="checkbox"/> Competency in all units <input type="checkbox"/> NYC in the following unit(s)



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	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>No. of Re-sits: _____ Verified by: _____ Date: _____</p> <p>_____</p> <p><input type="checkbox"/> Student Feedback completed</p> <p><input type="checkbox"/> Learner Questionnaire completed</p>
<b>2. Accounts Department</b>	
Tuition Fee	<p><input type="checkbox"/> Up-to-date</p> <p><input type="checkbox"/> Owing (AUD) _____</p> <p>Verified by: _____ Date: _____</p>
<b>3. Student Services</b>	
Verified Passport Name	<input type="checkbox"/>
Certificate No.:	<input type="checkbox"/>
Update Certificate Register	<input type="checkbox"/>
Certificate Prepared by	Date Prepared:
Certificate Copied / Filed	<input type="checkbox"/> Student File <input type="checkbox"/> Certificate register