

STUDENT SERVICES REQUEST FORM

Personal Details				
Full Name:				
Date of Birth:				
Student ID:				
Mobile:				
Email:				
Course Code and Course Name (Tick ANY)				
AUR30620 - Certificate III in Light Vehicle Mechanical Technology				
AUR40216 - Certificate IV in Automotive Mechanical Diagnosis				
AUR50216 – Diploma in Automotive Technology				
HLT42021 - Certificate IV in Massage Therapy				
HLT52021 - Diploma of Remedial Massage				
BSB50420 - Diploma of Leadership and Management				
BSB60420 - Advanced Diploma of Leadership and Management				
BSB50820 - Diploma of Project Management				
BSB80120 - Graduate Diploma of Manangement				
Services requested (Tick ANY)				
General request Student Support Request				
 Enrolment Cancellation Airport pick up Certificate Statement of Attainment Record of Results Completion letter Other, please specify 		 Academic Support Language Literacy and Numeracy (LLN) Disability Support Health & Safety Counselling Emergency and Health services Facilities and Resources Complaints and Appeal Legal services 		
Note: All requests will be processed within 14 working days				
Student Signature:			Date:	
Office Use only Received by:				
Authorised Staff Name:			Date:	
Authorised Staff Signature:				