Level 9, 120 Spencer Street
Melbourne Victoria 3000, Australia
Phone: +61 3 9614 8422 Fax: +61 3 8692 2805
Email: info@melbournecitycollege.edu.au
Website: www.melbournecitycollege.edu.au

REQUEST FORM

- **Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.**

Personal Details		Contact Details		
Student No.:		Email Address:		
Given Name:		Mobile Phone No:		
Family Name:		Address:		
Date of Birth:	/ /		Post Code:	
Gender:	☐ Male ☐ Female	USI No.:		
Course Code & Name:				

I would like to apply for:

☐ Qualification Certificate
☐ Record of Results
☐ Statement of Attainment
☐ Course Completion Letter
☐ Fee Summary Report
☐ Certificate of Attendance
☐ Health Cover Request
☐ Current CoE
☐ Confirmation of Studies Letter
☐ Qualification Certificate: $100.00 fee (Re-issue). Please attach receipt.
☐ Statement of Attainment/ Record of Results/ Transcript: $100.00 fee (Re-issue) . Please attach receipt.
☐ Student Card: $50 fee (Re-issue). Please attach receipt.

☐ Extension of COE: International Students. New COE End Date: /   /
  Reason: _____
  _____

☐ Extension of Course: Domestic/ Other Temporary Visa Students.
  New Course End Date: /   /
  Reason: _____
  _____

☐ Change of Class Timetable

Current Class		**New Class**	
Timetable: *(Days)*	_____	Timetable: *(Days)*	_____
Trainer's Name:	_____	Trainer's Name:	_____

  Reason: _____
  _____

☐ Others (Please Specify) _____
_____

Student Signature:

………………………………………….

Date: /   /

The College will respond to your request within 10 working days.

Request Form
Version 7
Create Date: 6 February 2020

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Melbourne City College Australia
CRICOS: 03592B RTO No: 45140
ABN: 77 602 164 625
Melbourne City College Pty Ltd trading as
Melbourne City College Australia

Level 9, 120 Spencer Street
Melbourne Victoria 3000, Australia
Phone: +61 3 9614 8422 Fax: +61 3 8692 2805
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FOR OFFICE USE ONLY

The request is for issuance of Qualification Certificate& Record of Result, Statement of Attainment/ Course Completion Letter:☐ Yes   ☐ No

If Yes, the following will need to be completed before making a decision.

Completion confirmed by Academic staff? **Y / N** Initials: _____   Date: _____

All tuition fees paid?   **Y / N**   Initials: _____   Date: _____

Request Approved:	☐ Yes ☐ No	Date: / /	
Approved By:	Name:	PRISMS Updated (If applicable)	☐ Yes ☐ No ☐ N/A
		Wisenet Updated (if applicable)	☐ Yes ☐ No ☐ N/A
		Notification to student attached (if applicable)	☐ Yes ☐ No ☐ N/A
	Signature:	Award documentation prepared? (if applicable) Certificate Number: _____ Date of Issue: _____	☐ Yes ☐ No ☐ N/A
Comments:			