

STUDENT REQUEST FORM



1. Personal details (fields marked with an * must be completed)			
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Last name: *		First name: *	
Student ID: *		Date of birth:	

2. Contact Details			
What is your current residential address?	Address:		
	Suburb:	Postcode:	
Which course you are studying at DIT?	Course:		
	Term:	Batch:	
Mobile number:		Email address:	
Preferred contact method:	<input type="checkbox"/> Phone; <input type="checkbox"/> Email; <input type="checkbox"/> Letter		

3. Request (please tick one of the followings, whichever applicable)	
<input type="checkbox"/> Testamur/ Certificate (only after completion of course)	Request regarding fees: <input type="checkbox"/> Payment extension <input type="checkbox"/> Payment plan
<input type="checkbox"/> Statement of Attainment	
<input type="checkbox"/> Enrolment Status Letter	<input type="checkbox"/> Completion Letter
<input type="checkbox"/> Deferral of the course (before commencement)	<input type="checkbox"/> Change in timetable
<input type="checkbox"/> Leave from studies (student-initiated suspension)	<input type="checkbox"/> Replacement of Student ID
<input type="checkbox"/> Request for leave during study period	<input type="checkbox"/> Replacement of Testamur
<input type="checkbox"/> Cancellation/ withdrawal from the course	<input type="checkbox"/> Make an appointment with a staff member for student support (specify in section 4)
<input type="checkbox"/> Release Letter	
<input type="checkbox"/> Course Progress Letter	<input type="checkbox"/> Others (write details in section 4)

4. Details of request (if applicable, you can use additional paper/s if necessary)

* All Student Request Forms are actioned within 3 working days and you will be notified of the outcome regarding your request.

Student's signature:

Date:

* Submit the completed form at the college office or send it to: ssm@dit.edu.au

5. OFFICE USE ONLY			
Request number:		Date:	
Receiving officer:		Signature:	
<input type="checkbox"/> Actioned; or	<input type="checkbox"/> Analysis and approval by the management is required	Management (Name & Signature, if applicable):	
Further notes (if required)			
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date of Approval:	
<input type="checkbox"/> Reason for declining the request:			