



STUDENT REQUEST FORM

1. Personal details <i>(fields marked with an * must be completed)</i>			
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: <input type="text"/>
Which course you are studying at PIC?	Course:		
	Term:		Batch: <input type="text"/>
Mobile number:	<input type="text"/>	Email address:	<input type="text"/>
Preferred contact method:	<input type="checkbox"/> Phone; <input type="checkbox"/> Email; <input type="checkbox"/> Letter		

3. Request <i>(please tick one of the followings, whichever applicable)</i>	
<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 (specify in section 4)

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

** All Student Request Forms are actioned within 3-5 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@pic.edu.au*

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