

International Institute of Management Pty Ltd T/A American College/International Institute of Management

STUDENT REQUEST FORM

Name:	Date of Birth:
Student ID:	Course:
Address:	Email:
Phone:	Unique Student Identifier (USI):

Request for Statement (Please tick each item you are after)

- | | | |
|---|---|--|
| <input type="checkbox"/> Course Progress | <input type="checkbox"/> Leave | <input type="checkbox"/> Completion Letter |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Invitation Letter | <input type="checkbox"/> Fee Letter |
| <input type="checkbox"/> Early Graduation | <input type="checkbox"/> Concession/Confirmation Letter | |
| <input type="checkbox"/> Statement of Attainment | | |
| <input type="checkbox"/> Other (Please Specify Below) | | |

N.B: This request will be processed within ten working days upon the submission of this request form.

Student Sign _____

Date: _____

Assessor Signatory _____

Date: _____