STUDENT REQUEST FORM

1. Personal details *(fields marked with an * must be completed)*			
Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss		**Gender:** ☐ Male ☐ Female ☐ Other	
Last name: *		**First name: ***	
Student ID: *		**Date of birth:**	

2. Contact Details			
What is your current residential address?	Address:		
	Suburb:		Postcode:
Which course are you studying at CCMT?	Course:		
	Term:		Batch:
Mobile number:		**Email address:**	
Preferred contact method:	☐ Phone; ☐ Email; ☐ Letter		

3. Request *(please tick one of the followings, whichever applicable)*	
☐ Testamur/ Certificate (only after completion of course)	Request regarding fees: *– email to accounts@ccmtcollege.edu.au*
☐ Statement of Attainment	☐ Payment extension ☐ Payment plan
☐ Course Progress Letter (Transcript of Competencies Achieved)	☐ Completion Letter
☐ Enrolment Status Letter	☐ Change of course
☐ Deferral of the course (before commencement)	☐ Replacement of Student ID
☐ Leave from studies (student-initiated suspension)	☐ Replacement of Testamur
☐ Request for leave during study period	☐ Make an appointment with a staff member for student support (specify in section 4)
☐ Cancellation/ withdrawal from the course	
☐ Release Letter	☐ Others (specify in section 4)

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

** All Student Request Forms are responded 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: info@ccmtcollege.edu.au | For fee requests: accounts@ccmtcollege.edu.au*

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