

**STUDENT REQUEST FORM – International & Domestic**

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| **Section A: Personal Details** |
| **Student ID** |  | **Date** |  |
| **Surname** |  | **Given Name** |  |
| **Address** |  |
| **Suburb** |  | **State & Postcode** |  |
| **Telephone Number** |  | **Email**  |  |
| **Terms and Conditions** |
| 1. I will comply with all laws and regulations of Australia, including all requirements for students.
2. I will provide the appropriate documentation when unable to attend my class.
3. I will be active and participate in all class activities and assessments.
4. I will show respect to students, colleagues, teachers and staff.
5. I will update ETEA of any changes with my current information.
6. I will be responsible for any action that causes harm or damage to students, colleagues, teachers, staff, equipment, furniture and/or property.
7. I agree that all late payments of fees will incur an interest charge.
8. I know that I have to pay the administrative fee to complete my request.
9. I agree that any request will take 10 working days to be processed after submission of this form.
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| **Requests (Please tick ) \*** Please refer to the administrative fee schedule available on the link below:[https://www.etea.edu.au/ETEA-Administrative-Fees](https://www.etea.edu.au/wp-content/uploads/2024/02/ETEA-Administrative-Fees.pdf) |
| Re-Enrolment Fee  |[ ]  Re-issue Student Card  |[ ]  Re-issue CoE |[ ]  Leave of Absence(Suspension)  |[ ]
| Instalment Plan |[ ]  Re-issue Final Certificate  |[ ]  Re-issue Statement of Attainment  |[ ]  Interim Academic Transcript  |[ ]
| Certificate Postage  |[ ]  Change of Course |[ ]  Review of Grade |[ ]  Confirmation Letter (Holiday or Invitation letter)  |[ ]
| RPL |[ ]  Credit Transfer |[ ]  Reassessment (3rd submission)  | ☐ | Change of Campus |[ ]
| **Comments/Reason** |
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| **Declaration**I declare that all the information I have given above is correct and complete. I confirm that I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments. If any information is false or has been withheld, I accept that this may cause cancellation of my enrolment and/or further consequences.Student’s Signature ......................................................................... Date ........../........./........... |

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| **Section B: Office Use Only** |
| Received By ......................................................................... Date ........../........./...........Administration Charge: $ Fee Information: Paid  Not Paid Document Entered Date ........./........./.......... |