

# Interim Transcript Request Form

## STUDENT INFORMATION

Student ID:	Date of Birth: ____ / ____ / ____
Title: Mr    Mrs    Ms    Miss	Gender: Male    Female
First name:	Last Name:
Contact number:	Email address:
Residential address:	

Please be advised that all **payments must be made up to date** and your **assessment must be marked Competent** before your request can be processed.

Upon submission of your request **you must have a Unique Student Identifier (USI):**

USI: \_\_\_\_\_

If you do not have USI, please create one at the following website: <http://www.usi.gov.au/Students/Pages/default.aspx>

## COURSE DETAILS

Course Code:	Course Name:
Course Code:	Course Name:
Course Code:	Course Name:
Course Code:	Course Name:

\*If you are requesting for a re-issue of a certificate, please be advised there is a \$50 re-issuing fee.

## CERTIFICATE COLLECTION

How would you like to receive your certificate? Please select ONE of the following options:

1. Collect in person at Axis Institute
2. Receive via post\*

\*Please note that if you select the option, 'receive via post', we only provide regular postage: if your certificate is damaged or lost in the mail, we cannot take any responsibility for it and it will cost \$50 to re-print the certificate.

3. Receive via Express post\*

\*Express post fee is an additional \$10 which includes an Australia Post tracking number

Do you require a scanned copy in your email as well?

Yes                  No

Please allow up to 10 business days for your certificate to be printed. We will inform you when your certificate is ready.

If you require your certificate before 10 business days, please see the additional fees below:

\$50- Same day issue (if available)                  \$20- Next day issue (if available)

I declare that I have read and understood the terms and conditions as stated above.

Signature: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADMINISTRATION USE ONLY**

<b>Result</b>	<b>Payment</b>	<b>Cover sheets</b>	<b>VP docs</b>
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I have collected the above certificates(s).

Signature: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADMINISTRATION USE ONLY**

**Delivery Method:**

Student personally collected      Posted via mail      Friend collected on behalf of student      Email

**Processed by:**

Administration Staff Name: \_\_\_\_\_

Signature: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

