Australian Health and Management Institute

Staff Approval Signature

CRICOS Code: 03595K | RTO Provider ID: 70252



No Dues Form

 No request will be pro 	cessed until this form is fully com cessed if there is overdue fees. his form along with any documer				
Section 1 : Personal Detai		,			
Name				Student ID	
Address					
Suburb		Post Code		Country	
Email		1		Mobile	
Current Course					•
<u>'</u>					
Section 2: I am requesting	g the following:				
☐ Certificate & Record of Result* Course:			☐ Statement of Attainment* Course:		
*Requests for Certificates, R	ecord of Results and Statement	of Attainment,	will be issu	ued within 14	days from date of submission.
☐ Document Request Form / Letter			☐ Orientation / Enrolment		
Section 3: Student Declar	ation				
I, the student, acknowledge	that all my fees must be cleare	ed before my	request is	approved and	d processed.
Signature				Date	
Section 4: Fees Confirmat	ion – TO BE COMPLETED BY	AHMI ACC	OUNTS OF	NLY	
DEPARTMENT	DUE – AMOUNT/DATE		NO DUE		SIGNATURE
ACCOUNTS					
CFO					
Section 5: Office Use Only					
Form Received By			Form Received Date		
Comments					
Application Outcome	☐ Approved ☐ Declined				

Australian Health and Management Institute

Outcome Approval Date

ABN 33 151 238 685

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