## **Australian Health and Management Institute**

CRICOS Code: 03595K | RTO Provider ID: 70252



## **Document Request Form**

Note:  No request will be processed until this form is fully completed.  No request will be processed if there is overdue fees.  The request will be processed within 15 working days.					
<ul> <li>If you are not sure on eligibility of request, please ask before making payment.</li> <li>Section 1: Personal Details</li> </ul>					
Name			Student ID		
Addr			- Council		
Suburb			Post Code		
Email			Mobile		
-		est Details – I am applying for:			
	Final Document (Certificate & Record of Results) [please also complete No Dues Form] COURSE:  Certificate & Record of Results will be available 28 days after course end date as per CoE  No fees				
	Interim Transcript	im Transcript \$180 Invitation Letter		\$100	
	Attendance Letter	\$180	Enrolment Letter	\$50	
	Term Break Letter	\$50	Leave Letter [Must attach	Application for Leave] \$50	
	Release Letter [Must attach Application for Withdrawal]  No Fees  Note: by selecting Release Letter – this request is not automatically guaranteed. You will be advised of the outcome within 15 working days.				
	Any other Letter				
Section 3: Student Declaration					
I, (Applicant) hereby declare that the information contained in this application is true. I also understand that there may be associated fees which I agree to pay.					
Signature			Date		
Section 4: No Dues – TO BE COMPLETED BY AHMI ACCOUNTS TEAM ONLY					
	ACCOUNTS	DUE – AMOUNT/DATE	NO DUE	SIGNATURE	
Sect	ion 5 : Office Use Only				
Forn	n Received By		Form Received Date		
Fees Amount Paid			Fees Received By & Date		
Comments:					
Staff	Approval Signature		Approval Date		
App	lication Outcome: Ap	proved Declined	Student advised by: Email	Phone	
Had	ata DDISMS:	Vos No	Undate SMS: Ves	No	

**Australian Health and Management Institute** 

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