Australian Health and Management Institute

CRICOS Code: 03595K | RTO Provider ID: 70252



No Dues Form

 No request will be pro 	ocessed until this form is fully com ocessed if there is overdue fees. this form along with any documer				
Section 1 : Personal Deta	-				
Name				Student ID	
Address					
Suburb		Post Code		Country	
Email				Mobile	
Current Course					
Section 2: I am requestin	g the following:				
☐ Certificate & Record of Result* Course:			☐ Statement of Attainment* Course:		
*Requests for Certificates,	Record 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 an	d processed.
Signature				Date	
'					
Section 4: Fees Confirma	tion – TO BE COMPLETED BY	AHMI ACC	OUNTS OI	NLY	
DEPARTMENT	DUE – AMOUNT/DATE		NO DU		SIGNATURE
ACCOUNTS					
CFO					
	I				
Section 5: Office Use Only					
Form Received By	Form Received Date				
Comments		•			
Application Outcome	☐ Approved	☐ Decli	ned		
Staff Approval Signature	Outcome Approval Date				

Australian Health and Management Institute
ABN 33 151 238 685

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No Dues Form February 2021