

APPLICATION FOR STUDENT LETTER/ACADEMIC TRANSCRIPT

*A \$20 charge (per copy) applies

PERSON DETAILS

ID no:		Date of birth:	
Given Name:		Family Name:	
Faculty:		Home campus:	
Phone no:		Course code:	
Course:			
Email:			

- Collection method Mail Collect

MAILING ADDRESS

- As per WES/Callista or

No/Street:			
Suburb:			
State:		Postcode:	

ACADEMIC TRANSCRIPT

- Academic Transcript (if record is not available on Callista, complete table below)

Previous Name/s:	
School/College Attended:	
Year completed/graduated:	

STUDENT LETTER

- | | |
|--|---|
| <input type="checkbox"/> Approved Under Load Enrolment | <input type="checkbox"/> Enrolment Verification |
| <input type="checkbox"/> Estimated Living Expenses | <input type="checkbox"/> PR Application Enrolment Verification |
| <input type="checkbox"/> Forecast Completion Date | <input type="checkbox"/> Proof of Qualification |
| <input type="checkbox"/> Confirmation prior HECS Place | <input type="checkbox"/> Proof of Graduation |
| <input type="checkbox"/> Confirmation prior PELS | <input type="checkbox"/> Good Standing Enrolment Verification-
(Medicine students only) |
| <input type="checkbox"/> Proof of Attendance at a Future Graduation Ceremony | |

Number of Copies	<input type="checkbox"/>
Alternate Exit from course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require your record to indicate that you have completed your current course?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CREDIT CARD DETAILS - only applicable if FAXING this form

Card Number:			
Expiry Date:			
Name on Card			
Signature of Card Holder:			
Card Type:	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	
Amount:	\$		

OFFICE USE ONLY

Received by _____ Date _____ WES Transaction No: _____

Receipt # _____

Comments: