

**HARWARD INTERNATIONAL COLLEGE**

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**REQUEST FOR
TRANSCRIPT/CERTIFICATE**

Part A: Personal Details	Student ID	
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Student Name: _____

Address: _____

Suburb: _____

Postcode: _____

Phone: _____

Mobile: _____

Email: _____

Gender:

 Male Female

Date of Birth: _____

Part B: Current Course Details

Description	Term(s)				Transcript	Completion Certificate
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
Certificate III In Carpentry	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/>
Certificate IV In Business	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/>
Certificate IV In Marketing and Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/>
Diploma of Leadership and Management	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/>
Diploma of Marketing and Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2			<input type="checkbox"/>	<input type="checkbox"/>
Certificate III In Painting and Decorating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>
Diploma of Building and Construction (Building)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma of Leadership and Management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Diploma of Marketing and Communication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/>

Course Start Date: _____

Additional Comments

Student Signature

Date

Complete this part after receiving the requested document

I hereby acknowledge that I have received the requested document(s)

Student Signature: _____

Date Received: _____



Office Use Only

1. Academic Department

Student Achieved	<input type="checkbox"/> Competency in all units <input type="checkbox"/> NYC in the following unit(s) _____ _____ No. of Re-sits: _____ Verified by: _____ Date: _____ <input type="checkbox"/> Student Feedback up completed <input type="checkbox"/> Learner Questionnaire completed
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2. Accounts Department

Tuition Fee	<input type="checkbox"/> Up-to-date <input type="checkbox"/> Owing (AUD) Fee Installment(s) _____ _____ Repeat unit(s) Fee (AUD): _____ Verified by: _____ Date: _____ Total Owed (AUD): _____
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3. Student Services

Verified Passport Name	<input type="checkbox"/>
Certificate Register No.:	<input type="checkbox"/>
Update Request Register	<input type="checkbox"/>
Certificate Prepared by	
Date Prepared	
Certificate Copied / Filed	<input type="checkbox"/>

4. Acknowledgement Receipt

Student Informed:	<input type="checkbox"/> In person <input type="checkbox"/> By Email <input type="checkbox"/> By Post <input type="checkbox"/> Via SMS <input type="checkbox"/> By Phone
By Whom:	
Date:	