

CERTIFICATE REQUEST FORM



AUSTRALIAN
LEADING
INSTITUTE OF
TECHNOLOGY

Student Name	:	<input type="text"/>
Student Number	:	<input type="text"/>
Date of Birth (dd/mm/yyyy)	:	<input type="text"/>
Course	:	<input type="text"/>
USI Number	:	<input type="text"/>
Email	:	<input type="text"/>
Phone Number	:	<input type="text"/>

Please submit this form to ALIT student service desk.

Student Acknowledgement:

- I understand that I will be contacted once the certificate has been issued, and it is my responsibility to collect it from ALIT Reception in a timely manner.
- I understand that if my application is unsuccessful (i.e. outstanding fees) the process will be cancelled and re-submission of this form is required. The 20 working days processing time will recommence from the date of re-submission.

Student Signature

Date

Authorised by:

Student Service Office

Date

Chief Executive Office

Date