**Student Request Form** Do not use this form for Course Deferment Request, Course Change Request, Course withdrawal Request, Refund Request and Credit transfer/RPL request. Please use the respective forms for those requests.



First Name			Last Name	Last Name					
Current Course									
Date of Birth			Student ID						
Section 1: TYPE OF REQUEST (PLEASE TICK)									
What is the reason for this Request?		□ Course Progress Letter (Applicable when course is running) (GOT TO SECTION 2)							
		□ Bonafide Letter (Proof of Enrolment) <b>(GOT TO SECTION 2)</b>							
		□ Invitation letter □ for parents □ for Siblings (Brother/Sister) (GOT TO SECTION 3)							
		Holiday letter (GOT TO SECTION 3)							
		Extension of Enrolment (GOT TO SECTION 4)							
		Re-enrolment (GOT TO SECTION 4)							
Section 2: REASON FOR LETTER – COURSE SPECIFIC									
		For Immigration Purposes							
What is the reason you require this type of letter?		□ Changing the Provider as per Standard 7 of NCP 2018							
		□ Other, please specify:							
		□ Yes							
Has evidence been provided?	n	□ No							
-		Not required							
Section 3: REA	SON F	OR LETTER – FAMILY SPECIFI	С						
What is the reaso		For Family Visit							
you require this type of letter?		□ Visit family overseas							
		Other, please specify Yes							
Has evidence been									
provided?		Not required							
		ON OF or RE-ENROLMENT REC	QUEST						
What is the reason for the request to extend		Compassionate / Medical Circumstances							
your enrolment	.cnu	□ Other, please specify							
		□ Yes							
Has evidence been provided?	n	□ No							
provided:		□ Not required							
Student Signature			Date						
PAX Institute of Education CRICOS No: 03152D RTO No: 22207 www.pax.edu.au									
				Email: info@pax.edu.au					
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OFFICE USE ONLY							
Approved by Finance Department	□ Yes □ No		Finance Officer			Date	
Approved by Academic Department	□ Yes □ No		Academic Officer			Date	
Has the outcome been communicated to the student?		□ Yes □ No		Date			
Has WISENET been updated?			□ Yes □ No			Date	
Processing Officer		Signatu	re			Date	

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