## Elite Education Institute Pty Ltd trading as Elite Education Institute ABN 65 162 298 580 CRICOS Provider Code: 03390A

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## STUDENT DOCUMENTATION REQUEST FORM

STUDENT DETAILS	
First Name:	Last Name:
Student ID:	DOB:
Course Name:	
Residential Address	
Town/City:	Postcode:
Email Address:	Mobile Number:
Agency Name:	
DOCUMENTATION DETAILS (please tick)	
□Enrolment Certificate	☐ Statement of Attainment
☐Statement of Academic Progress	□Study Break Certificate
Please specify reasons for request:	
STUDENT DECLARATION	
Student Signature:	
Date:	
PLEASE ALLOW 5 WORKING DAYS TO COMPLETE YOUR REQUEST.	
NOTE: Requests will not be processed if outstanding fees have been accumulated. Please refer to EEI's	
Tuition Fees Payment & Refund Policy.	
OFFICE USE ONLY	
Processed by (staff name):	
Date:	
Date Document was submitted to the student:	
If Request was rejected, please specify the reason (e.g.	
outstanding fees) and date student was notified of rejection:	