DOCUMENT REQUEST FORM

- Please submit your completed form to Le Culinaire Hospitality Institute admin.
- Please note that the requests can only be processed if payments are up to date.
- Request for transcripts / qualifications will take up to 4 weeks after the term completion date.
- Please note all the documents request will take up to **10 working days** from the submission of this form.

Optional: A charge of $50.00 will be applied for **URGENT** processing (3 working days from the request).

- Please see our Administration officer if you have any questions or need advice on what document/s you may require.
- Standard Payments accepted include debit and credit cards (Visa and MasterCard) Personal or Bank Cheques; Bank transfer or Cash, all in AUD.
- 1.5% surcharge will apply to all credit card transactions. Credit card payments accepted over the phone.

STUDENT PERSONAL DETAILS			
Student ID:		Course Name:	
First Name:		Last Name:	
Contact Number:			
Address:			

DOCUMENT REQUEST					
Certificate		Course Completed		Re-issue ($50.00 fee)	
Transcript		Course Completed		Re-issue ($50.00 fee)	
Completion Letter		Course Completed		Re-issue ($50.00 fee)	
Statement Of Attainment					
Confirmation Of Enrolment (CoE)					
Attendance Certificate*					
Confirmation / Reference Letter*					
Other		Please specify:			
Reason: (*Valid reason and supporting document(s) are required)					

Document Name- DOCUMENT REQUEST FORM
Released – November 2022

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Document uncontrolled when printed

Le' Culinaire Hospitality Institute
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W: www.leculinaire.edu.au

DECLARATION

I declare that all the information I have given above is correct. I confirm that I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments. If any information is false or has been withheld I accept that this may cause cancellation and/or further consequences.

Student Signature: _____ Date: _____/ _____/ _____

I confirm that I received the requested documents.

Student Signature: _____ Date: _____/ _____/ _____

OFFICE USE ONLY

Urgent Processing	Fee Paid Amount $	Charge BY:	Date: ___/___/____
Process By:		Signature:	Date: ___/___/____
Comments:			