



APPLICATION FOR AWARD EXTERNALLY ACCREDITED COURSE

THIS APPLICATION IS USED TO APPLY FOR THE FOLLOWING AWARDS: (please tick)

STANDARD CERTIFICATE FORMAT

- 11 Degrees/12 Associate Degrees/13 Graduate Certificates (Higher Education Level)
- 21 Diplomas, Advanced Diplomas, Graduate Certificate (TAFE Level)
- 31 Certificates 1 to 4 (excludes Apprentices/Trainees – use orange/grey award application form)
- 41 Nationally Accredited Short Course

NON STANDARD CERTIFICATE FORMAT (as approved by the Registrar & Student Admin Manager)

- 24 Diplomas, Advanced Diplomas
- 34 Certificates 1 to 4
- 44 Nationally Accredited Short Course

1. Officially complete this application by signing and dating this form, **within 4 weeks** after the final successful assessment for your course.
2. Please lodge this application with the Awards Approval Officer in your relevant Teaching Faculty.
3. Your certificate will either be mailed directly to you once printed, or held at the Institute and issued at a graduation ceremony as determined by your Teaching Faculty. All queries regarding award ceremonies should be directed to your relevant Teaching Faculty.
4. This application will be processed within 4 weeks of receipt at Student Administration.

STUDENT ID:									
FULL NAME:									
DATE OF BIRTH:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> <td></td> </tr> </table>					DAY	MONTH	YEAR	
DAY	MONTH	YEAR							

Email:				
ADDRESS: (for all correspondence)	<input type="checkbox"/> LOCAL (Please tick)	OR	<input type="checkbox"/> INTERNATIONAL (Please tick)	
	P/C:			
Ph:				

COURSE NAME:			
COURSE ID:		YEAR OF FIRST ENROLMENT IN THIS COURSE:	

YOUR PRIVACY
Your personal information will be collected for the purposes set out in the Box Hill Institute's Personal Information Privacy Collection Notice – available to be viewed on the Institute's web site at : www.boxhill.edu.au

STUDENT SIGNATURE:	DATE:
	/ /

AWARDS APPROVAL OFFICER – FACULTY (Signature must be registered with Student Administration)

1. DATE OF COURSE COMPLETION TO BE SHOWN ON CERTIFICATE: / /

(Please provide a date not just a year)

2. I have checked student's eligibility for award and attached StudentOne Award Eligibility Check outcome..... **YES**

3. Student eligible for Certificate / Qualification..... **ELIGIBLE** **NOT ELIGIBLE**

4. Certificate is to be:

Held for Award Ceremony to be held on _____

Mailed immediately to student Other: _____

5. Additional logo to be printed on Certificate? **NO** **YES – Please Specify** _____

6. SIGNATURE: **DATE:** / /

7. FACULTY STAMP:

OFFICE USE ONLY: (Awards Officer, Student Administration)	
CERTIFICATE NUMBER: 	DATE PROCESSED :
*Please Note: Student's address must be updated in StudentOne if above address is different to existing record.	