



Document Request Form

- Please submit your completed form to Windsor Institute of Commerce reception.
- 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 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.

| Student Personal Details: | | | |
|---------------------------|--|-------------|--|
| Student ID: | | Course: | |
| Family Name: | | Given Name: | |
| Contact Number: | | Email: | |
| 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) | | | |

| Declaration |
|---|
| I declare that all the information I have given above is correct and complete. 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 of my enrolment and/or further consequences. |
| Student Signature: _____ Date: ____/____/____ |
| I confirm that I received the requested document. |
| Student Signature: _____ Date: ____/____/____ |

| Office Use Only | | | | | | |
|-------------------|------------|------------|------------|-----------|--|--|
| Urgent Processing | | | | | | |
| Fee Paid | Amount \$ | Charge By: | Signature: | Date: / / | | |
| Process By: | Signature: | | Date: / / | | | |
| Comments: | | | | | | |