

## Student Request Form

### Section A - Student Details

Student Name:			
Student I.D.:		Date of Birth:	
Course Name:		Course Code:	
Email Address:			
Contact Number:			
Address:			

### Section B - Statement of Request

Supporting documentation attached (If applicable):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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Student Name & Signature		Date:	
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Please return this completed form to the college. If sending by email, please send to [info@ashtoncollege.edu.au](mailto:info@ashtoncollege.edu.au).

#### OFFICE USE ONLY

Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
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Ashton College Staff Signature:		Date:	
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Comments:
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