Student Request Form

Please complete and submit your application to enquiry.act@opc.edu.au.

STUDENT USE ONLY
Note:
(1) Your application needs to be supported with relevant documentation (e.g. medical certificate).
(2) Your application will be assessed in line with the College's documented procedures for assessing and approving student requests.
(3) If you are applying for absence, all supporting documents need to be provided.
(4) The College will keep copies of all relevant documents and correspondence on the learner's file and will keep them confidential and private.

Student Details			
First name		**Surname**	
Email address		**Phone number**	
Enrolment Information			
Course name		**Student ID**	
Type of request *(Please provide details of your request)*			

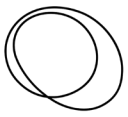**CANBERRA**
Mezzanine Level, 15 Moore St
Canberra ACT 2601

MELBOURNE
Suite 8.02, Level 8, 474 Flinders St
Melbourne VIC 3000

Email: enquiry.act@opc.edu.au
Landline: +612 6101 8650
Website: https://opc.edu.au

| **Reason for request**

(If space is insufficient, please attach an extra word document) | |

Acknowledgement
☐ I have read the Student Handbook and understand my obligations, potential consequences, and outcomes of lodging this application.
☐ I have attached all relevant documentation or evidence supporting my deferral, suspension, or cancellation application.
☐ By submitting this application, you declare that **ALL** information provided is **TRUE** and **CORRECT**

Student name: _____   Signature：_____

Date：_____

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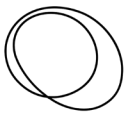**Landline:** +612 6101 8650
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RTO 45644 | CRICOS 03878K

OFFICE USE ONLY
Approval of application:

☐ Approved

☐ Not Approved _____

Date of decision _____

Officer's name: _____   Officer's signature： _____

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