



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.
2. Please lodge this application with the Awards Approval Officer in your relevant Teaching Centre.
3. Your certificate will either be mailed directly to you once printed, or held at the Institute and issued at an award graduation ceremony as determined by your relevant Teaching Centre. All queries with regards to award ceremonies should be directed to your relevant Teaching Centre.
4. This application will be processed within 4 weeks of receipt at Student Administration.

STUDENT ID:									
FULL NAME:									
DATE OF BIRTH:				1	9				
	<small>DAY</small>	<small>MONTH</small>			<small>YEAR</small>				

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 Privacy Collection Statement – available to be viewed on the Institute's web site at : www.bhtafe.edu.au/privacy

STUDENT SIGNATURE:	DATE:
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AWARDS APPROVAL OFFICER – TEACHING CENTRE (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 attached and checked the V4 Academic Progress Report..	<input type="checkbox"/> YES
3. Student eligible for Certificate / Qualification.....	<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE
4. Certificate is to be:	<input type="checkbox"/> Held for Award Ceremony to be held on _____ <input type="checkbox"/> Mailed immediately to student <input type="checkbox"/> Other: _____
5. Additional logo to be printed on Certificate?	<input type="checkbox"/> NO <input type="checkbox"/> YES – Please Specify
6. SIGNATURE:	DATE:
7. TEACHING CENTRE STAMP	

OFFICE USE ONLY: (Awards Officer, Student Administration)	
CERTIFICATE NUMBER:	DATE PROCESSED :

*Please Note: Student's address must be updated in SMART if above address is different to existing SMART record.