

*Submission Time frame for approval: Submit form  
NO less than 10 working days prior to date  
requiring qualification certificate/s.*

## **Request Qualification Certificate/s Form**

This form is to be completed when a student or past student requires either an original or copy of:

1. A Testamur Certificate
2. A Statement of Attainment and or
3. A Record of Results

**If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to [reception@mcohb.edu.au](mailto:reception@mcohb.edu.au) otherwise we may not be able to contact you with important information.**

DOMESTIC STUDENT     INTERNATIONAL STUDENT

### **Applicant Details**

Student ID:

Date of Birth:

Family Name (as per enrolment registration):

Given Name (as per enrolment registration):

Phone:

mobile phone:

student email:

### **Course enrolment Details**

Course code:

Course title:

Course start date:

Course finish date:

**Required Certificate?**

Testamur Certificate (qualification certificate)

Statement of Attainment

Record of Results

**Student declaration:**

I have read and fully understand MCOHB's AQF Certificate issuance policy and Procedure.

I understand that completing this form does not guarantee a certificate being issued.

**International Students:**

I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (CRICOS Standards), within twenty (20) working days of this application not being approved.

Domestic Student:

I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with Standard 6 (Complaints and appeals) of the Standards for RTOs 2015 within five (5) working days of this application not being approved.

Student signature:

Date of application:

**Office use: *N.B Applications MUST be approved by the Director of Studies or their delegate.***

Required evidence attached

YES

NO

*Examples of required evidence: airline tickets departure & return if student is required to return home, medical certificate.*

**Approved:**

YES

NO

If not approved why?

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Student file updated:

• YES

• NO

Date updated:

MCOHB staff member who updated student file:

Staff member name:

SMS updated

YES

NO

Date updated:

Admin officer Name: