



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

Student Administration
M356, 35 Stirling Highway
CRAWLEY Western Australia 6009
Phone: +61 8 6488 3235
Fax: +61 8 6488 1083
www.studentadmin.uwa.edu.au
www.uwa.edu.au/askuwa
CRICOS Provider Code: 00126G

**GRADUATION CEREMONY
REQUEST FOR GRANTING
VISA LETTER**

Student ID

--	--	--	--	--	--	--	--

Family Name: _____ **Given Names:** _____

Address: _____ **Telephone:** _____

_____ **Mobile:** _____

Postcode: _____ *Please provide the area code for interstate and overseas telephone numbers*

Please submit your application to graduate in studentConnect before submitting this form. Payment details are required at the time of lodging your request. Your visa letter will be available **two (2) working days from receipt of your request.**

Please indicate below how you would like to obtain your visa letter

Collect AUD\$30 from the Enquiry Counter, Student Administration (Student Central). You will be contacted by telephone when ready.

Email AUD\$33 (\$30 letter plus \$3 postage) *Your letter will be sent to your student email*

Express 1 Hour Service AUD\$50

Courier overseas AUD\$55 (\$30 letter plus \$25 postage fee)

Mail AUD\$40 (\$30 letter plus \$10 Registered Post Australia) *If you choose one of the mailing options your visa letter will be sent to your current contact address recorded in studentConnect.*

Have you completed all the course requirements of your course?

Yes

No (please advise when you are expecting to complete, e.g. Mid 2019) _____

Who is this letter for? Myself My two guests Myself and my two guests

Please provide the full names of your TWO guests below.

(i) _____ (ii) _____

I request that the University provide me with a letter to assist myself and/or my guests to obtain a visa/visas to travel to Australia to attend my graduation ceremony.

Signature: _____ **Date:** / /

OFFICE USE ONLY (Proceed to payment below)

Paid: \$ _____ Date Sent: _____ Applicants Signature: _____

Receipt No. _____ MB: _____ Date Collected: _____

_____ ID Sighted: _____

Payment Details

EFTPOS
- To be paid in person when lodging your form

Credit Card

Amount Payable \$ _____

Visa MasterCard

CARDHOLDER'S FULL NAME: _____

CARD NUMBER:

EXPIRY DATE (MM/YY): /

CARDHOLDER'S SIGNATURE: _____