



THE UNIVERSITY OF
**WESTERN
AUSTRALIA**

Student Administration M356
35 Stirling Highway
CRAWLEY Western Australia 6009
Phone: 61 8 6488 1831
Fax: 61 8 6488 1083
CRICOS No: 00126G

REQUEST FORM

Send completed form to
Email academictranscript@uwa.edu.au

Personal Details

Student ID

DD / MM / YY

Date of Birth:

Full name (*former name if applicable*): _____

Postal Address: _____
Post code: _____

Contact Number: _____ Email: _____

Signature: _____ Date: _____

If this request is being made by a third party, please attach student consent form and complete section below

Full name: _____ Company: _____

Contact Number: _____ Email: _____

Signature: _____ Date: _____

Type of Document Required *tick which applies*

Please see www.student.uwa.edu.au/course/qualifications for sample documents and production times.

Statement of Academic Record Number Required
\$20.00 for first copy, \$10.00 for additional copies.
Express service \$30.00

Statement of Qualifications Number Required
\$15.00 for first copy, \$5.00 for additional copies.
Express service \$30.00

Letter of Enrolment Number Required
\$25.00 for first copy, \$5.00 for additional copies.
Express service \$40.00

Australian Higher Education Graduation Statement (AHEGS) Number Required
\$30.00 for first copy, \$10.00 for additional copies, and \$0.50 for photocopies.
Express service \$45.00

Forwarding Instructions *tick which applies*

- Collect at Student Administration (ground floor of Student Central) **No charge**
- International/ Overseas Airmail (attach a separate page for more than one destination) **\$10.00**
- Courier Delivery within Australia \$10.00 Courier Delivery Overseas **\$25.00**
- Fax within Australia **\$1.00** Fax Overseas **\$3.00** Fax Number: _____
- Tick if you require delivery within a signed sealed envelope

Payment Details

Payments must be made prior to order being processed. For credit card payments, please complete the details below:

Card Number Expiry Date

Cardholder Name: _____ Signature: _____ Date: _____

Office Use Only Receipt Number: _____ Amount Paid \$ _____ Date _____