

Application for Official Statement of Results

*Statement of Results will be mailed by Friday of the week following receipt of application.
The cost of having your Official Statement of Results issued is \$16.50 per copy.*

1. Student Details: Please provide documentary evidence of your full legal name e.g. Birth certificate or Driver's License (a scan or photocopy is sufficient)

| | |
|---|--|
| Student number | |
| Title | |
| First name | |
| Middle Name | |
| Surname | |
| Date of birth | |
| Email | |
| Post to address Please include the postcode & state | |

2. Course Details

| | |
|------------------------------------|---|
| Full title of your course | |
| Are you a current student? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please indicate your status | <input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawn |
| Campus | <input type="checkbox"/> Melbourne |

3. Postal Options:

| | |
|---|--|
| Normal Mail (No Extra Cost) <input type="checkbox"/> | Express post (\$7.20) <input type="checkbox"/> |
|---|--|

4. Payment:

If you require more than one copy please multiply the number of copies you require by \$16.50

| | |
|--|--|
| Number of copies required <input type="text"/> X \$16.50 | |
| Postage (only if using Express Post) | |
| Total Cost | |

I declare that the information I have provided on this application is true and correct.

By signing this form I acknowledge that I have read and understood the policies, procedures and terms set out on the Navitas College of Public Safety website and I agree to be bound and abide by these policies, procedures and terms as amended from time to time.

X

Sign here

Date

Application for Official Statement of Results



Payment method:

- Cheque (Please address this to Navitas College of Public Safety)
- Bank cheque (Please address this to Navitas College of Public Safety)
- EFTPOS
- Credit card (see below)

For credit card payments, please provide your details below:

Type of Credit Card:

- Visa
- Master Card

| | | | | | | | | | | | | | | | | | | | |
|------------------|----|--|---|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| Card Holder name | | | | | | | | | | | | | | | | | | | |
| Card Number: | | | | | - | | | | | - | | | | | - | | | | |
| Expiry Date: | | | - | | | | | | | | | | | | | | | | |
| Amount: | \$ | | | | | | | | | | | | | | | | | | |

Please scan and email to admin@ncps.edu.au or return this application to the Melbourne campus.

Melbourne
Level 10, 123 Lonsdale
Street
Melbourne VIC 8006
Australia

Received by: Office use only

Date: Office use only