



Australian National Institute of **Business and Technology**

CRICOS: 02056B RTO: 21368

Statement of Attainment Request Form

Date: _____ Student Number: _____ Course: _____

Student Name: _____

Statement Request for: _____

Past Student: Yes No If yes, Email Address: _____

Student Acknowledgement:

1. I understand that it will take **up to 10 WORKING DAYS** from the date that this form is received at ANIBT for the Statement of Attainment to be issued.
2. I understand that a Statement of Attainment will be issued to students at no charge on student *withdrawal, cancellation or transfer, prior to completing the qualification, provided the student has paid in full for the tuition related to the units of competency to be shown on the Statement of Attainment.*

Student Signature _____ **Date** _____

Please submit this form to ANIBT Reception, Level 7, 474 Flinders Street, Melbourne, VIC 3000, Australia.

Tel: 61-3-96202922 Fax: 61-3-9620 2933 Email: info@anibt.vic.edu.au Web: www.anibt.vic.edu.au

Document/Certificate to be collected on or after:	(Day)	(month)	(Year)
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Authorised by:

Campus Manager _____ **Date** _____

Training Manager _____ **Date** _____



STUDENT COPY – ANIBT STAFF TO FILL IN ONLY

Student Name: _____ Student No: _____

Document/Certificate to be collected on or after:	(Day)	(month)	(Year)
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**PLEASE DO NOT COLLECT YOUR DOCUMENT/CERTIFICATE BEFORE THIS DATE
YOU MUST PRODUCE THIS SLIP TO COLLECT YOUR STATEMENT**

ANIBT Staff Signature: _____ Dated: _____