



**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](mailto:info@anibt.vic.edu.au)*

*Web: [www.anibt.vic.edu.au](http://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: \_\_\_\_\_