

STUDENT REQUEST FORM

PLEASE FILL THIS FORM IN CAPITAL LETTERS



OCEANIA POLYTECHNIC
INSTITUTE OF EDUCATION

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

1. STUDENT INFORMATION

Student Name	<input type="text"/>		
Course Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Student No.	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>

2. REQUEST DETAILS

TYPE OF REQUEST

DETAILS OF REQUEST

3. ACKNOWLEDGEMENT

I acknowledge that my request will be processed in accordance with existing OPIE policies and procedures.

Student Full Name	<input type="text"/>		
Student Signature	<input type="text"/>	Date	<input type="text"/>

OFFICE USE ONLY

REQUEST APPROVED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Reasons:	
PROCESSING STAFF NAME:	<input type="text"/>			
Date:	<input type="text"/>			
<input type="checkbox"/> ACCOUNTS DEPARTMENT CLEARANCE (IF REQUIRED)	Initial	<input type="text"/>	Date	<input type="text"/>

AUTHORISATION

Name	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>



Oceania Polytechnic Institute of Education Pty Ltd

RTO No. 6324 | CRICOS No. 01905F | ABN: 81 075 892 723 | ACN: 075 892 723

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