

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

Course Name

Date of Birth

Student No.

Contact No.

Email

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

Student Signature

Date

OFFICE USE ONLY

REQUEST APPROVED?

 YES NO

Reasons:

PROCESSING STAFF NAME:

Date:

ACCOUNTS DEPARTMENT CLEARANCE (IF REQUIRED)

Initial

Date

AUTHORISATION

Name

Signature

Date



Oceania Polytechnic Institute of Education Pty Ltd

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

Address: 67 Jeffcott Street, West Melbourne VIC 3003 | Email: admissions@opie.vic.edu.au | Phone: +61 (03) 9602 5555 | www.opie.vic.edu.au

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