

APPLICATION FOR REPLACEMENT OR INTERIM RECORD

Form No: Chal 106/F03 Issue Date: 02/10/2012 Re-Issue Date: 02/10/2013

RECORDS REQUIRED: (tick applicable)	Replacement Statement of Attainment				ç	5 5.00	Note: If paying by
		Replacement Statement of Academic Record (Results) (Issue of Academic Record outside normal print dates)				\$ 20.00	cheque, please make your cheque payable to
		Replacement Award/Certificate				50.00	"Challenger Institute of
	TOTAL PAYABLE*				ç	5	<u>Technology"</u>
STUDENT ID: 03 DATE OF BIR						l:	* Please pay this amount at the cashier
1: Student details (Please PRINT Names in full & clearly)							
Family name:				Given Names:			
Postal ad							
(note: this is where your record will be mailed to)		Postcode:					
Telephone (Home):			Telephone (Work):				
Mobile number:				Email:			
2: Course details (Please PRINT clearly)							
Course Number:			Semester & Year com			eted:	
Course Name:							
Year when reco	rd was	first issued:					
Signature of applicant: Date:/ /						/	
 Present this form & payment to a Customer Services Officer at your nearest Challenger Institute of 							
Technology Campus.							
CUSTOMER SERVICE OFFICER USE ONLY							
Name:						Date	:
Phone request Counter requ				quest		Postal/Email request	
Proof of student ID verified Fee paid					Receipt number:		
Send this form and a copy of the payment receipt to the Academic Records Centre (ARC)							