CHARLES TELFAIR
INSTITUTE

TESTIMONIAL REQUEST FORM

SURNAME	
FIRST NAMES	
TELEPHONE NO.	*(HOME)* *(CELL)* *(OFFICE)*
EMAIL ADDRESS	
COURSE ENROLLED	
CURTIN ID/TAFE ID	

Clearly state PURPOSE of testimonial:

_____

_____

_____

_____

State clearly to whom should the testimonial be addressed to:

NAME	
DESIGNATION	
ADDRESS	

DATE WHEN TESTIMONIAL IS REQUIRED

Please allow at least 5 working days for our Staff to prepare the testimonial.

STUDENT DECLARATION:

I, the undersigned, understand that I have to collect my testimonial at the Student Services Counter, First Floor.
I also understand that I shall receive the testimonial at least five full working days after the date requested.

STUDENT'S SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

APPROVED AND PROCESSED BY	
DATE	

DOCUMENT FEES	
The following **document fees** will be charged with effect from ***9 January 2012*** :	
Purpose	**Fees (Rs.)**
Application for Loan	150 (1st letter free)
Application for Visa (Holidays)	300
Application for Internship	300
Application for Job	300 (If still a student)
Application for Sponsorship	150 (1st letter free)
Application for University abroad	300
Application for Visa to enter Mauritius	Free (International Students)
Extension of Visa	Free (International Students)
Letter confirming enrolment	150
Letter confirming course completion	150 (1st letter free)
Letter to attend Interview	300
Letter requesting release from work	150
Letter to MRA for Tax purposes	Free
Letter attesting work as a Volunteer for CTI	300 (1st letter free)
Testimonial letter	150
Duplicate copies of the above (each)	50
Others (not specified above)	**Please contact Academic Desk**

Registrar Finance **09-Jan-12**