

# Certificate Request Form

## Student Details:

<b>Students Name:</b>			
<b>Student I.D.:</b>		<b>Date:</b>	
<b>Course/s Enrolled in:</b>			
<b>Postal Address:</b>			

## Completed course/s

Please tick the applicable box:

- AUR30620 - Certificate III in Light Vehicle Mechanical Technology
- AUR40216 - Certificate IV in Automotive Mechanical Diagnosis
- AUR50216 - Diploma of Automotive Technology
- BSB50120 - Diploma of Business
- BSB60120 - Advanced Diploma of Business
- BSB80120 - Graduate Diploma of Management (Learning)

## Declaration:

I hereby request the Qualification Certificate for the course selected above which I have completed with Innovative Institute of Australia Pty Ltd. I confirm that all submitted work and assessments were composed and submitted by me and have been signed and dated to authenticate my work.

<b>Student Name:</b>			
<b>Student Signature:</b>		<b>Date:</b>	

Please return completed form to the Innovative Institute of Australia Pty Ltd OR send it to [info@innovative.edu.au](mailto:info@innovative.edu.au)

## Office Use Only

<b>Request:</b>	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	
<b>Certificate issue Date:</b>			
<b>Institute's staff Signature:</b>		<b>Date:</b>	