Innovative Institute of Australia Pty Ltd
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Certificate Request Form

Student Details:			
Students Name:			
Student I.D.:		**Date:**	
Course/s Enrolled in:			
Postal Address:			

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.

Student Name:			
Student Signature:		**Date:**	

Please return completed form to the Innovative Institute of Australia Pty Ltd OR send it to info@innovative.edu.au

Office Use Only			
Request:	☐ Approved ☐ Declined		
Certificate issue Date:			
Institute's staff Signature:		**Date:**	