

Request for Duplicate Testamur/ Completion Letter



MELBOURNE
INSTITUTE OF TECHNOLOGY

Return form to:

Office of Student Services and Engagement

Melbourne Institute of Technology, Level 2M, 288 La Trobe St, Melbourne VIC 3000, Phone: +61 3 8600 6700 Fax: +61 3 9010 0999, Email: enrolments@mit.edu.au
MIT Sydney, Level 7, 154-158 Sussex Street, Sydney, NSW 2000, Phone: +61 2 8267 1400 Fax: +61 3 9010 1004, Email: enrolments@mit.edu.au

Personal Details	
Title: Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Student ID: M I T <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Given Name:	Family Name:
Date of Birth:	Telephone:
Course Name:	Email:

Request Details	
Duplicate Testamur <input type="checkbox"/> \$20.00 per copy	Postage Details <input type="checkbox"/> Post to Australia (Express) \$20 <input type="checkbox"/> Testamur Post to International (Registered) * \$60
Duplicate Completion Letter <input type="checkbox"/> \$10.00 per copy	Postage Details <input type="checkbox"/> Post to Australia (Express) \$10 <input type="checkbox"/> Completion Letter Post to International (Registered) * \$25
Your Duplicate Testamur/Completion Letter will be processed within 5 working days, (10 working days during enrolment period).	
*MIT does not take responsibility for the delivery of International mail. Please ensure correct address details are provided.	Total payable: \$ _____

Collection Method
<input type="checkbox"/> Collect from Office of Student Services and Engagement at MIT. <input type="checkbox"/> Send via post. (Provide mailing address below): Street Address: _____ Suburb/Town/City: _____ State: _____ Postcode: _____ Country: _____

Student Signature: _____	Date: _____
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Payment Details	
Please complete the following details if you are paying by a credit card	
Please debit my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Amount: AUD\$ _____
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date: <input type="text"/> / <input type="text"/>
Cardholder's name: _____	Security code: <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder's signature: _____	

Finance – Office Use Only	
Amount received: <input type="text"/>	Initials: <input type="text"/>
Payment method: <input type="text"/>	Date: <input type="text"/>