M.S Aviation Pty Ltd T/A Australian School of Commerce RTO NO. 41089 | CRICOS NO.: 03489A

Melbourne Campus: Level 4, 123-129 Lonsdale Street Melbourne, Victoria 3000 Australia Hobart Campus: Level 4, 18 Elizabeth Street, Hobart Tasmania 7000 Australia

Ph: 1300 781 194 I E: Info@asoc.edu.au I W: www.asoc.edu.au

ABN: 80 614 287 179



Student Support Request form

Student Personal Details						
Full name:		Student ID				
Course ID:						
Course name:						
Email:		Phone no:				
Address						
Type of Student support services you are looking for:						
O Academic Suppo	rt					
 Language Literac 	racy and Numeracy (LLN) Support					
O Disability Support						
O Safety and Health						
O Counselling						
O Emergency and health services						
O Facilities and resources						
O Complaints and Appeal						
O Legal services						
O Other; Please spe	ecify					
Note: Student Support officer will contact the student to make an appointment within five working days of the receipt of the request form.						
	t measures are you looking for?					
(Please provide expla	nation on what will satisfy your suppo	rt request.				
Student Signature:		Date:				
Office use only:						
Particulars	Name	Signature				
Request received						
by:						
Person who						
processed request						

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and communicated							
with student:							
Request granted							
by:							
Details of support provided and outcome (Attach another sheet if required)							
Student Support Office	cer Signature:						
Date:							
24.6.							