## 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: <a href="mailto:lnfo@asoc.edu.au">lnfo@asoc.edu.au</a> I W: <a href="mailto:www.asoc.edu.au">www.asoc.edu.au</a>

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:				
Type of Student support services you are rooking for.				
<ul> <li>Academic Support</li> <li>Language Literacy and Numeracy (LLN) Support</li> <li>Disability Support</li> <li>Safety and Health</li> <li>Counselling</li> <li>Emergency and health services</li> <li>Facilities and resources</li> <li>Complaints and Appeal</li> <li>Legal services</li> <li>Other; Please specify</li> </ul> Note: Student Support officer will contact the student to make an appointment within five working days of the receipt of the request form.				
What kind of support measures are you looking for? (Please provide explanation on what will satisfy your support request.				
Student Signature: _	Date:			

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Office use only:			
Particulars	Name	Signature	
Request received by:			
Person who processed request and communicated with student: Request granted			
by: Details of support p	rovided and outcome (Attach another sh	eet if required)	
Student Support Officer Signature:			
Date:		-	