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Australian School of Commerce

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:

- ○ Academic Support
- ○ Language Literacy and Numeracy (LLN) Support
- ○ Disability Support
- ○ Safety and Health
- ○ Counselling
- ○ Emergency and health services
- ○ Facilities and resources
- ○ Complaints and Appeal
- ○ Legal services
- ○ Others; Please specify

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: _____

Office use only:		
Particulars	**Name**	**Signature**
Request received by:		
Person who processed request and communicated with student:		
Request granted by:		
Details of support provided and outcome (Attach another sheet if required)		
Student Support Officer **Signature:** _____ **Date:** _____		